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Aging and Disability Services

AREA PLAN ON AGING 2000 – 2003

**2002 – 03 Update**



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Administered by the City of Seattle: Human Services Department  
Co-Sponsored by the King County and United Way of King County

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## Introduction

Aging and Disability Services (ADS) is the assigned Area Agency on Aging (AAA) for the Seattle-King County region. The City of Seattle Human Services Department acts as the legal contracting authority. Under an interlocal agreement, the City of Seattle, King County and United Way serve as the sponsors and policy setting board of the agency.

Services funded through Aging and Disability Services target older persons and adults with disabilities. The Advisory Council on Aging and Disability Services is a 27 member citizens body ordered by the Older Americans Act of 1965. The Council has a vital role in guiding Aging and Disability Services as it oversees services for older people in King County. The programs provided through ADS are described in detail within the plan (see Section B-2 Services provided through the AAA).

The Area Plan on Aging, along with updates submitted every two years, will be used to guide the work of ADS from 2000 through 2003.

The Area Plan includes the following elements:

1. A description of the planning and priority setting processes.
2. A summary of demographic trends and services currently provided through the AAA.
3. A discussion of the statewide issue area of quality home care.
4. A review of four issue areas and objectives that emerged as priorities from the planning and review process.
5. An estimate of budget and service levels by service area.

Any comments or questions about the plan may be sent to:

**Aging and Disability Services  
618 Second Avenue, Suite 1020  
Seattle, Washington 98104-2232  
206/684-0660  
TTY: 206/684-0702**

“Twenty years from now,  
you will be more  
disappointed by the things  
you didn’t do than by the  
ones you did. So throw off  
the bowlines, sail away  
from the safe harbor, and  
catch the trade winds in  
your sails. Explore.  
Dream.”

*Mark Twain*

## Mission

The mission of Aging and Disability Services is ***to develop a community that promotes quality of life, independence and choice for older people and adults with disabilities in King County.***

We will accomplish this by:

- Working with others to create a complete and responsive system of services.
- Focusing attention on meeting the needs of older people and adults with disabilities.
- Planning, developing new programs, public education, legislative advocacy, and direct services that include the involvement of older adults and others representing the diversity of our community.
- Promoting a complete long term care system.
- Supporting intergenerational partnering, planning, and policy development.

## Values

In fulfilling our mission, we follow these values:

- Older people, adults with disabilities and their families have a right to be treated with respect and dignity and to make decisions affecting their lives.
- Diversity brings richness to our community and within our agency and supports a wealth of ways to capitalize on this strength.
- The support and nurturing provided by family, domestic partners, and friends are important, and we seek to strengthen this capacity.
- Community partnerships are central in bringing together funders, providers, consumers, and community members to develop solutions that address changes in housing, education, health, long term care and advocacy needs.
- The concerns of low-income older adults, persons with disabilities, and traditionally underserved groups are recognized, as well as the needs and potential of every member of our community.

- Efforts which encourage independence and enable individuals to remain in their community for as long as possible provide our main focus.
- It is important that older people, adults with disabilities, and those having cultural and language differences within our community have knowledge of and access to the services for which they are eligible.
- Accountability to the public trust means the programs we oversee are consumer guided, responsive and useful.
- Leadership is shared with our regional, state and federal partners and other city institutions as they develop ways to serve older people and adults with disabilities.

## Planning and Review Process 2002-03 Update (New)

For the 2002-03 Area Plan Update, ADS staff gathered feedback from a variety of sources. Drafts of the plan were made available for public review from August 27 through September 19, 2001. The draft plan was also mailed to providers, and was available for viewing on the ADS website <http://www.cityofseattle.net/humanservices/ads>. All comments are summarized in Appendix G. The Advisory Council assisted with many of the activities listed below:

- As part of the process for the 2001 Supplemental Allocation of Discretionary Funds, ADS also asked for public and provider feedback on the new **OAA Title III E, Family Caregiver Support Program funds**, and proposed changes for the Caregiver Section in the Area Plan Update. (March 2001)
- ADS co-sponsored a **2001 Regional Planners Forum** along with Human Services Department representatives from the cities of Bellevue, Des Moines, Lake Forest Park, and Redmond. Approximately 35 individuals attended the forum, which focused on transportation issues including accessible services, and ridership needs. (May 2001)
- For the first time ADS used an internet survey tool called **Zoomerang**. Zoomerang allowed the public and providers with internet access to provide online feedback about the Area Plan. (August to September 2001)
- The Advisory Council on Aging and Disability Services (See Appendix C) sponsored a **Public Hearing** on the Area Plan Update. The hearing was held in Burien, at the Highline Senior Center. Approximately 20 individuals attended, and 15 percent were 60 years of age or older. (September 2001)

## Planning and Review Process 2000-03

Through Advisory Council involvement (See Appendix C), public forums, provider questionnaires and other efforts, Aging and Disability Services staff gathered information and comments on the needs of older people and adults with disabilities. That information helped shape the development of the Area Plan. During 1999, ADS has been involved in the following activities:

- The annual Advisory Council retreat held in January 1999, set the stage for a series of public meetings which launched the Area Plan development process. From February to April, ADS conducted four **Focus on the Future Forums** featuring local experts who conducted "big picture" presentations on broad topics that will impact ADS and our participants over the next five to ten years. Forum topics included:





February 23	<i>Demographics and Diversity</i>
March 9	<i>Transportation, Communication &amp; Technology</i>
March 23	<i>Housing, Healthcare, Family Caregiving &amp; Workforce Issues</i>
April 13	<i>Politics, Economy &amp; Funding</i>
- Ken Cameron from Washington State Aging & Adult Services Administration, DSHS, conducted an information session on the **Future of Health Care in King County and Washington State** (April 15, 1999).
- ADS co-sponsored a **Regional Planners Forum** on aging issues along with Human Services Department representatives from the cities of Bellevue and Renton. Prior to the forum a survey was sent out asking for feedback on which regional needs should be addressed. Housing and transportation surfaced as the top two issues of concern and made up the primary focus of the day (April 21, 1999).
- Participation at the six public meetings noted above totaled **220 individuals** made up of older adults, providers, human service planners, program directors and coordinators, as well as Advisory Council members. As a result of these meetings, the following issue areas were developed and are further discussed in Section D (AAA Issue Areas): Health, Long Term Care, Housing, Home Care Quality Improvement, and Support of Family Caregivers.

- **Scenario planning** is a way of creating in an organization the ability to view multiple futures in an era of rapid change. ADS worked closely with Dr. Richard Smith, from Simon Fraser University in Vancouver, to develop ADS scenarios. The ADS scenarios were created during an intensive work session held in May. The forums and information sessions described above formed the basis for the planning session.
- **Snapshots of the ADS scenarios** - At a scenario-planning workshop, participants (including Advisory Council members) created four scenarios that highlight the possible futures for the work of ADS. The stories examine two driving forces: (1) technological change; and (2) shifts in our sense of social responsibility. It is hoped that planners and decision-makers will use these scenarios to guide action over a wide range of possible outcomes.

The four scenarios, set in the year 2020, represent extremes in each of the driving forces. The first scenario, which is nicknamed “Bees”\*, depicts a world of high social responsibility and high technology. The second scenario, “Fireflies”, is characterized by high technology but low social responsibility. The “Orcas”, the third scenario, is a place with high social responsibility but low levels of technology. The last scenario, “Bears”, has low social responsibility and low levels of technology use.

“Our wisest teachers are those who can draw on ancient wisdom and renew it with new meaning.”

*Andrew Waskow*

<p><b>Bees</b></p>  <p>High social responsibility High technology</p>	<p><b>Fireflies</b></p>  <p>Low social responsibility High technology</p>
<p><b>Orcas</b></p>  <p>High social responsibility Low technology</p>	<p><b>Bears</b></p>  <p>Low social responsibility Low technology</p>

\*Because the planning session was held at the Woodland Park Zoo, animal names symbolic of each scenario’s characteristics were chosen.

### ***“Bees” Scenario***

In this scenario advanced technology is widely used to complement and support a community with a strong sense of social responsibility. For this reason technological solutions are not always the first chosen and when used are not accentuated. The role of older people is celebrated. Their contributions to society as a whole are numerous and notable in this highly diverse community. ADS, now known as the Family and Community Care Network, leverages its work with links to volunteer, faith and ethnic groups through the use of advanced information and communication technologies.

These systems ensure that the paperwork associated with the programs is a background activity and human interaction is at the forefront. As an example of this, technology has been applied to the design and delivery of meal services that are ethnically appropriate. Client interaction is always in the language of the clients' choice.

### ***“Fireflies” Scenario***

Technological solutions to “the aging problem” are the norm in this scenario. A low sense of social responsibility has resulted in a polarized, have and have-not society with very few older people visible anywhere. Those who can afford it have turned to regenerative and reconstructive techniques to reverse the aging process. The remainder of the older population is largely invisible, housed in automated facilities that optimize life span to match financial resources. Euthanasia is widely promoted for those unable to afford these solutions.

ADS, now known as ADS-Online, is a private corporation with two main lines of business. The first is an information brokerage, providing multimedia access to “star” doctors and their understudies, expert system-based synthetic practitioners. The other line of business is remote monitoring and performance evaluation of elder holding facilities.

### ***“Orcas” Scenario***

In this scenario, technology is rarely seen as a part of the aging process. The high level of social responsibility has found its expression in urban village living and a community-focused food production and distribution system. Older people are active members of a workforce that shares responsibilities for a lifestyle that is demanding physically but rewarding socially. Intervention in the aging process is rare and older people tend to pass up scarce medical resources preferring that the younger members of the community be given the assistance. This means that death rates for some diseases have risen but overall rates are stable, as stress-related diseases are very low. ADS is most active at the local level, as are all social services, and is broadly supported by both financial and volunteer resources.

### ***“Bears” Scenario***

In this scenario, human beings have rejected many of the technological advances of the late 20<sup>th</sup> century. Unfortunately, they have also abandoned many of the social programs and even volunteer initiatives we took for granted in 1999. This has resulted in premature deaths from disease, particularly as new strains of disease, such as “Hepatitis Z”, find little resistance in a weakened and isolated elder population.

The disparities between rich and poor have continued to grow. Those who can afford to, live a “plantation” lifestyle, isolated from their neighbors and making use of large numbers of manual laborers. Except for the rich, people work longer and harder and when they are no longer able to work they have little to fall back on except immediate family. Aging and Disability Services was dissolved in 2010 in a tax cut initiative.

- **Three public hearings** were held for the Area Plan on Aging 2000-2003. The first hearing was held in Renton, the second in Seattle, and the third hearing was held in East King County. In addition the Area Plan was reviewed by the Advisory Council on August 13, 1999 and by the ADS Sponsors on August 18, 1999.

August 30, 1999

Good Neighbor Center  
305 South 43rd  
Renton, Washington

September 1, 1999

Central Area Senior Center  
500 – 30th Avenue South  
Seattle, Washington

September 2, 1999

Community Center at Crossroads  
16000 NE 10th St.  
Bellevue, Washington

Overall, 50 individuals were present at the hearings, and approximately 30% were 60 years of age and older. Other participants included ADS Sponsors, Advisory Council members, community members, and service providers and representatives from the following organizations:

Catholic Community Services  
Citizens for the Improvement of  
Nursing Homes  
City of Bellevue  
Club 24  
Columbia Legal Services  
Des Moines Senior Center  
Elderhealth Northwest  
Enumclaw Senior Center  
Fremont Public Association  
Gray Panthers  
Home and Community  
Services (DSHS)  
Long Term Care Ombudsman  
Program

KC Dept. of Community and  
Human Services  
Mayor's Council on African  
American Elders  
Mt. Si Senior Center  
Neighborhood House  
Puget Sound Council of Senior  
Citizens  
Sea Mar  
Seattle Pacific University  
Senior Rights Assistance  
Senior Services of Seattle/King  
County  
Southeast Seattle Senior  
Center  
Sno Valley Senior Center  
United Way of King County

## How ADS Makes Funding Choices

As the Area Agency on Aging for King County, Aging and Disability Services administers federal, state and local funds for services for older people and adults with disabilities. The 2002 budget totals approximately \$41 million. Most of this funding (\$32 million) is “non-discretionary” and earmarked for specific services, such as Medicaid Title XIX case management and home care, United States Department of Agriculture meals, and respite care.

The budget also includes \$8.8 million of discretionary funds from the Federal Older Americans Act, the State Senior Citizens Services Act, and local funds from the Seattle Community Development Block Grant and the Human Services Program. “Discretionary” funding is more flexible in nature and can be directed to meet priority needs in King County.

Strategies to increase or decrease funding are recommended by the Advisory Council’s Planning and Allocations (P&A) committee. The committee consists of seven members, each representing one of the ADS sponsoring organizations (City of Seattle, King County, and United Way). Following guidelines and funding priorities established by ADS Sponsors (See Appendix H), as well as the planning and review process described in Section A-3, the committee developed recommendations for a two-year allocations and contracting period (2001-2002). Funding for the second year was reviewed at mid-cycle with guidance from the sponsors to preserve the 2002 allocations.

The Planning and Allocations Committee based its recommendations on revenue projections, client profile reports, scenario planning, service area reviews, and public comment. For a detailed listing of the proposed discretionary allocations for 2002, refer to pages 55 to 66.

In the event of a funding increase or decrease the P&A committee would reconvene to develop new strategies.

“If we are to achieve a richer culture, rich in contrasting values, we must recognize the whole gamut of human potentialities, and so weave a less arbitrary social fabric, one in which each diverse human gift will find a fitting place.”

*Margaret Mead*

## **Demographics at Work in King County**

### ***“Demography Is Not Destiny”***

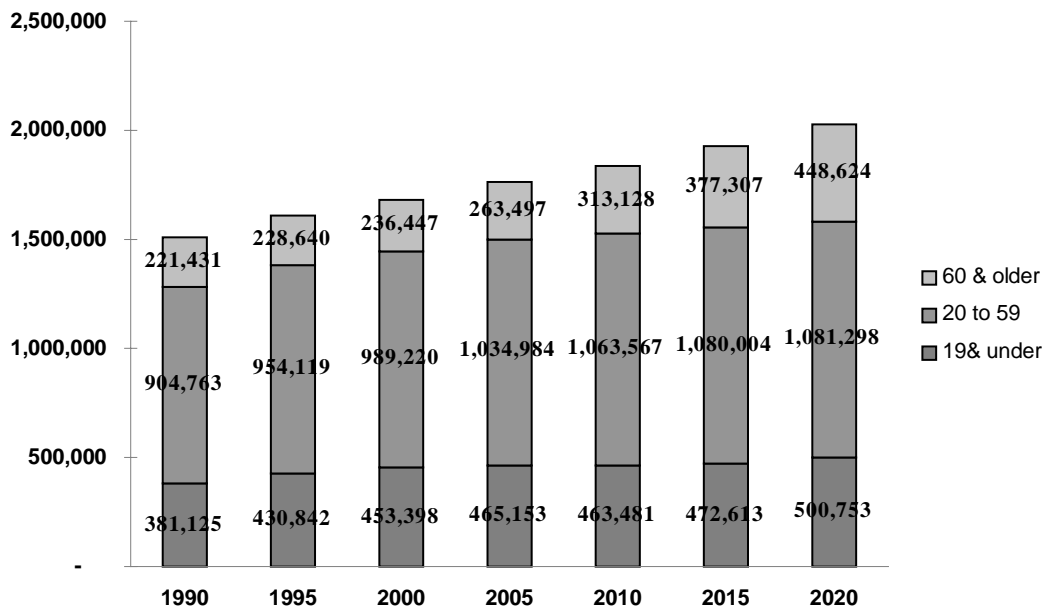
The population in the United States is aging. Since 1900 the number of people 65 and older has doubled three times. During the period from 1960 the number of older adults has increased at twice the rate of the population as a whole. While the population has been aging for some time, since 1960 the nation's overall standard of living has improved (Gross Domestic Product increased 220 percent). The National Academy on an Aging Society cautions:

It is easier to make statements about the future based only on demographic predictions than on all the interactions among people, communities, and institutions. But demography is not destiny. Other factors that also alter the course of the future include economic growth, changes in people's expectations and behavior, and changes in public policies.<sup>1</sup>

### ***The Population Is Aging***

The number of people 60 and older living in King County is projected to grow from 221,431 to 313,128 between 1990 and 2010 (an increase of 41%). The proportion of the total population who will be 60 and older will remain relatively steady (15-17%) through 2010 (Figure 1). If the projections for 2020 hold true, people 60 and older will represent 22% of the King County population.

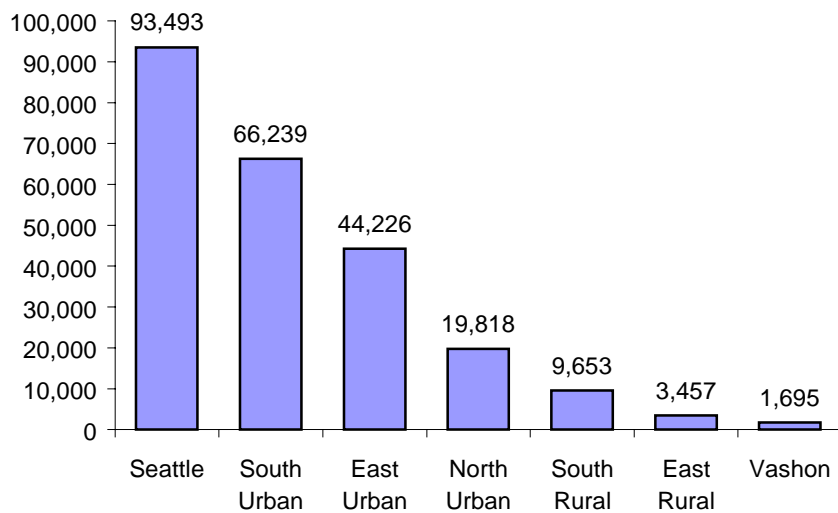
**Figure 1. King County Population Projections**



Source: Washington State County Population Projections, Office of Financial Management, 1995

Figure 2 shows the breakdown of the 60+ population by King County subregion with most people living in the Seattle, South Urban and East Urban subregions.

**Figure 2. 60+ Population by King County Subregions**



Source: 1990-2002 Department of Social and Health Services, Washington State Adjusted Population Estimates, April 1999

The increase in life expectancy is one of the major factors contributing to the increase in numbers of older adults in the overall population. Since 1940, the life expectancy at age 65 has increased 3.6 years for men and 5.8 years for women. For King County in 1995, the average life expectancy at age 65 was 83.3 years overall, ranging from 86.7 years for Asians to 81.8 for African Americans.<sup>2</sup> This increase in life expectancy poses challenges for developing programs in community settings that include participants ranging in age from 55 to over 100, a span of three generations (Table 1).

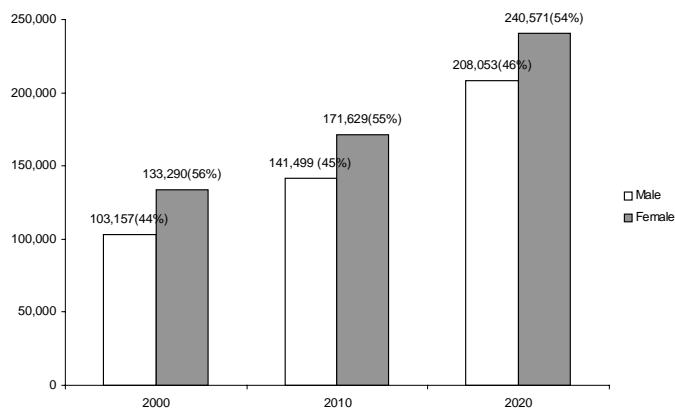
**Table 1.** U.S. Proportion of Population Age 65 by Ethnicity

Race	Age
Asian & Pacific Islanders	86.7
White	83.3
Native American	82.8
African American	81.8

**Source:** *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, Public Health: Seattle-King County, January 1995

Over the next 20 years, the number of females 60 and older in King County will increase from 133,157 to 240,571. The number of males will increase from 103,157 to 208,053.

**Figure 3. King County Population Projections: Male and Female 60 Years of Age and Older**



**Source:** *Washington State County Population Projections by Age and Sex*: Office of Financial Management, 1995

### **Diversity Grows As Population Ages**

Gaps in life expectancy have remained fairly constant across racial groups in the U.S. in recent decades.<sup>3</sup> However, people of color will make up an increasing proportion of the older adult population due to the rapid increase of African-American, Asian, and Hispanic populations due to higher birth rates and higher immigration rates. The percentage of non-Hispanic whites that represented 85% of the older adult population in 1995 will decrease to 67% by 2050 (Table 2).

"The best age is the  
age you are."  
*Maggie Kuhn*

**Table 2.** U.S. Proportion of Population Age 65+ by Ethnicity in King County

	<b>1995</b>	<b>2050</b>
Asian & Pacific Islanders	2%	7%
Hispanic	5%	16%
African American	8%	10%
Native American	.4%	.6%
Non-Hispanic White	85%	67%

**Source:** Friedland, Robert B., Summer, Laura. National Academy on an Aging Society, *Demography Is Not Destiny*, January 1999.

King County represents 30% of the older adult population of Washington State yet 50% of all people of color who are 65 and older. Approximately 65% of the emerging Washington State refugee and immigrant populations live in King County. According to reports from the Seattle Public School District, 70 different languages are spoken in refugee and immigrant households. Among these groups 65% are from Southeast Asian countries, 22% are from the former Soviet Union, 13% are from East Africa, and 3% are from the Middle East. Over 75% of people with limited English speaking ability are Asian or Pacific Islander and 5% are Hispanic (Table 3).

**Table 3.** Limited English Speaking by Ethnicity in King County

	<b>Age 60 &amp; Over</b>		<b>Limited English</b>	
African American	7,220	3.2%	38	0.7%
Asian & Pacific Islanders	12,568	5.6%	4,369	75.5%
Caucasian	201,120	90.4%	1,307	22.6%
Native American	1,171	0.5%	14	0.2%
Other	493	0.2%	100	1.7%
Total	222,572	100%	5,790	100%
Hispanic	3,493	1.5%	212	15.6%*

\*Represents age 65+ population.

**Source:** 1990 U.S. Census, STF1A.

### **Poverty Rates Have Declined For Older People, But Disparities Persist**

In 1960 over 35% of older adults in the U.S. were poor (defined as  $\leq 100\%$  of federal poverty standards; see Appendix F). Today the poverty rate has dropped to 10%, but close to 40% of older adults have incomes less than 200% of the poverty level making them vulnerable to increases in health care and housing costs.<sup>4</sup>

In King County, African American and Native American elderly have the highest poverty rates relative to their proportion of the population, followed by Asian and Pacific Islanders and Hispanics (Table 4).

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**Table 4.** People with Incomes Below Poverty by Ethnicity in King County

	<b>Age 65 &amp; Over</b>		<b>65+ Poverty</b>	
African American	6,434	3.2%	1,020	9.7%
Asian & Pacific Islander	10,971	5.5%	1,404	13.3%
Caucasian	181,480	90.6%	8,948	84.8%
Native American	970	0.5%	167	1.6%
Other	413	0.2%	30	0.3%
Total	200,268	100%	10,549	100%
Hispanic	2,209	1.1%	261	2.5%

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**Source:** 1990 U.S. Census, STF3A.

Table 5 shows the number of people in King County who are 60 years and older with incomes below poverty level.

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**Table 5.** King County Age 60+ Below Poverty

Age 60-64	3,143	5.7%
Age 65-74	5,630	5.8%
Age 75+	<u>5,939</u>	9.8%
<b>Total 60+</b>	<b><u>14,712</u></b>	<b>6.9%</b>

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**Source:** 1990 U.S. Census.

### **Older People Today Live Healthier Lives**

Data from the National Long-Term Care Surveys<sup>5</sup> show that disability rates for people 65 years and older declined by 1.3% each year between 1982 and 1994, a reduction of 1.2 million people. (Disability was defined as needing help with self-care activities.) A 1998 Rand study also found large declines in functional limitations (seeing, lifting and carrying, climbing, and walking) especially for those who were 80 years and older. In addition there were significant improvements in functioning for the 65 to 79 year old group.<sup>6</sup>

### **The Rate Of Growth In Disabling Conditions For Younger People Is Increasing Dramatically**

People with disabilities and chronic illnesses who require long term care consist of diverse populations. Although younger people with disabilities have many service needs in common with older adults, subgroups may have specific needs that differ from those of older adults. Between 1959 and 1984 there was a 158% growth in the number of people under 65 years of age who had severe disabilities, compared with the 38% growth rate overall in the number of people between the ages of 20 and 64<sup>7</sup>. Growth rates were even higher for people with disabilities 18 to 44 years of age.

This growth can be partially attributed to a decrease in death rates for conditions such as heart disease and hypertension. In addition, improvements in trauma care and emergency medicine have reduced death rates for people with spinal cord injury. In both cases the reduction in death rates increases the prevalence in the working age population.<sup>8</sup>

Self-care or mobility limitations is slowly increasing from 27,895 in 1994 to 28,478 in 1997 and projected to be 29,252 in 2002.<sup>9</sup> In King County it is projected that the number of disabled adults between the ages of 18 and 60 who have self-care or mobility limitations will increase from 11,259 in 1997 to 11,982 in 2002.<sup>10</sup>

## **Services Provided Through the AAA**

This section describes several key Aging and Disability Services policies, which support the mission of the agency and guide priorities and funding allocations.

### **ADS Targets Services**

Aging and Disability Services will target services to vulnerable elderly persons and to individuals with the greatest social and economic needs. To achieve this policy, service areas funded with the Division's discretionary resources will meet the following six targeting standards:

- At least 25% of all clients will be people of color.
- At least 70% of all clients will be low income.
- At least 50% of all clients will be 75 years and older.
- At least 9% of all clients will be limited-English speaking.
- At least 30% of all clients will be disabled.
- Rural areas will be weighted by multiplying the actual 60+ population by a factor of 2, for each King County subregion.

### **ADS Supports Development of Agencies Run by People of Color**

Aging and Disability Services supports the development of agencies run by people of color as the best and most appropriate providers of service to older persons of color.

To achieve this policy, ADS has developed a system of culturally appropriate services that include:

- Contracting with agencies run by people of color.
- Hiring of bilingual/bicultural staff.
- Targeting outreach to communities of color.
- Providing technical assistance and training.
- Developing informal networks and linkages with community leadership to increase participation of people of color.

Based on 1990 census data, 9.6% of the population over 60 years of age in King County are members of a community of color. It is estimated that in 2002 approximately 22% of the ADS expected discretionary revenue will be subcontracted to organizations based in communities of color. Of the 52 service providers currently under

contract with Aging and Disability Services, 35% are operated by people of color.

Special efforts will be made to ensure that program design, locations, and service delivery are responsive to the needs of special populations, including persons who are physically, mentally and developmentally disabled, have sensory impairments, or are sexual minorities.

## Service Area Descriptions

Aging and Disability Services funds the following eighteen services to older adults and adults with disabilities who live in King County. The number of clients served and the funds allocated in each of the service areas are listed on pages 55 through 66. Most of the services are provided by a network of community-based organizations located throughout King County who subcontract with ADS to provide services. In addition, ADS provides direct case management services to approximately 4,000 clients.

### Adult Day Services

Adult Day Services are provided to adults with disabilities in order to prevent or delay the need for institutional care. Participants attend centers during the day on a regular basis and receive care designed to meet their physical, mental, and emotional needs.

Services at **adult day health centers** include rehabilitative nursing, health monitoring, occupational therapy, personal care, social activities, activity therapy, and a noon meal.

Services at **adult day care programs** are usually less medically oriented, providing some health services as well as socialization activities and a noon meal.

### Alzheimer Program

This program is designed to facilitate the development of an infrastructure that will support a holistic model of care for Alzheimer's patients. It involves the collaboration between primary care physicians, dementia care specialists and social care programs.

"Everyone can be great because everyone can serve. All it takes is a heart full of grace and a soul that generates love."

*Martin Luther King, Jr.*

#### Caregiver Information and Support (New)

Caregiver information and support focuses planning on both the individual caregiver and the system that supports the caregiver. It includes in-home and out-of-home respite care services for family and other unpaid caregivers that provide the daily services required when caring for adults with functional disabilities. ADS administers funds that support caregivers information and assistance, support groups, caregiver training, respite care services, translating/interpreter services, and specialized transportation. Depending upon the funding source, services range from kinship care for grandparents (age 60+) caring for relatives, to caregivers caring for persons age 18 and over.

#### Case Management

Case Management provides in-depth assistance to frail, multiple needs persons who have significant health and social needs. The case managers conduct in-home assessments and consult with the client in order to develop and implement a service plan that addresses the individual's needs.

Case managers have regular follow-up contact with clients and service providers to ensure that their situations have stabilized. Short-term counseling is provided if needed. The program also serves disabled adults under age 60 by authorizing respite care services. Screening and referral for case management services are provided through the Information & Assistance programs, and the state Home and Community Services.

#### Amy Wong Client Fund

Services are individually tailored to meet each client's specific needs so that they are able to stay in their own home. Such services are authorized by case managers and provided through ADS service providers as well as outside vendors.

#### COPES/Chore Personal Care/Personal Care

COPES, Personal Care and Chore Personal Care support individuals who are unable to care for themselves. Services include assistance with dressing, bathing, eating, toileting, and transferring. Limited household services are also available to maintain individuals in a safe and healthy environment.

### Disability Access Services

Services provided include case management, interpretative services and advocacy for persons who are blind, deaf-blind, or hard of hearing. Other services include training to community agencies and advocacy related to facility and program access by persons with disabilities. New components include 1) information and referral services, 2) FLASH (Fun, Leisure, Access, Savings and Health) card and an enhanced website for adults with disabilities, and 3) a housing assistance program.

### Disease Prevention/Health Promotion

The Senior Wellness Project widens the access of older adults who face limitations in their activities of daily living to low-cost, high-quality and comprehensive health promotion programs located in community sites. These research-based programs include an exercise program offering one hour supervised classes, a seven session course led by trained volunteers providing tools for living a healthier lifestyle with chronic conditions, and a health enhancement program which provides personal guidance and support to maintain and/or improve health.

### Elder Abuse Prevention

Gatekeepers and other members of the community are trained to recognize signs that may indicate that a vulnerable adult is at risk of abuse, neglect or exploitation and how to report their concerns.

The residential Long Term Care Ombudsman Program is designed to improve the quality of life for residents of nursing homes, congregate care facilities, boarding homes and adult family homes. With the assistance of trained volunteers the Ombudsman investigates and resolves complaints made by or on behalf of residents, and identifies problems that affect a substantial number of residents. Changes in federal, state and local legislation are also recommended by the program.

### Employment

Job placement assistance is provided to any King County resident over age 55. Part time community service employment opportunities are available for low-income people age 55 or older.

### Home Health and Health Maintenance

Home Health and Health Maintenance services are medical services provided to individuals in their own homes on a visiting basis. Such services may include professional nursing services, physical therapy, occupational therapy, speech therapy, and/or home health aide services.

The individuals receiving services must be under the care of a physician and services provided must be specified in a plan established and periodically reviewed by a physician. Home health services funded by Aging and Disability Services are only for people who are not eligible for Medicare, Medicaid, or third party payor coverage.

### Homesharing

The homesharing program helps older adults remain independent and living in their own homes while providing safe, affordable housing choices for people of all ages. The program carefully matches older homeowners with tenants needing low-cost housing while providing companionship and security to both.

### Information and Assistance

Primary Information and Assistance (I&A) connects older adults with the services and information they need. Information is provided over the telephone and in-person. Assistance in contacting services is also provided for clients who are unable to do so themselves.

I&A staff screen clients to determine their need for more extensive services, which are provided by the case management program.

Special Information and Assistance programs provide services to older persons who are not able to use the primary I&A program due to language, cultural, or racial barriers. The five Special I&A programs serve Asian/Pacific Islander, African-American and Hispanic elderly persons. Services are provided by bilingual staff via telephone, office and home visits.

### Legal Services

Legal services provides group legal representation, including class action lawsuits, advocacy training and information to service providers, private attorneys and volunteer advocates, and individual client legal services. The purpose of Legal Services is to enable

older people to secure rights, benefits and entitlements under federal, state and local laws. It also seeks to effect favorable changes in laws and regulations that affect older people. Additionally, Legal Services strives to maintain public and private resources that benefit low-income elderly people.

#### Mental Health

ADS funds support case management staff by providing mental health consultation and intensive case monitoring to clients who may be resistant to receiving services.

#### Nurse Consultation

The nursing services program focuses on high risk older people and disabled adults with medically unstable health conditions. Services provided include appropriate referrals and coordination with health care professionals. The frequency and amount of service is based on individual need that is defined by eligibility and client assessment.

#### Nutrition

The Congregate nutrition program helps meet the dietary need of older people by providing nutritionally sound lunches served in a group setting and nutrition education. Nine agencies manage 59 nutrition sites located throughout King County. Twelve of the sites serve ethnic-specific food to African American, Hispanic, Native American or Asian community members.

The home delivered meals program, often known as "Meals on Wheels," provides nutritious meals to older people who are homebound and unable to prepare meals for themselves. Frozen meals are delivered to individuals throughout Seattle and King County. Hot, home delivered meals targeted to African American, Hispanic, Native American and Asian elderly people are available.

Nutrition outreach to increase the participation of Hispanic elders in nutrition programs is another subcontracted nutrition service. In addition, registered dietitian consultation is provided to the ethnic-specific nutrition programs to ensure compliance with dietary requirements.

### Outreach Advocacy

The African American Outreach program identifies older people who do not come into contact with traditional referral sources. The purpose is to inform older people about available services and encourage their participation in aging programs.

Outreach Advocacy workers provide some direct services, such as completing forms and applications, and arranging transportation if an older person is unable to do so and has no other available means of assistance.

### Rainbow Train (New)

The Rainbow Train provides sexual/gender minority focused sensitivity training for Seattle health care providers. The Rainbow Train is committed to creating a health care environment in which elder gay/lesbian/bisexual/transgender people can receive the health care they require without discrimination or bias.

### Respite Care

Respite Care services focus on meeting the needs of caregivers by providing them time away from the responsibilities of ongoing care of a disabled adult. The care that is provided ranges from companionship and supervision to care provided by a registered nurse. Respite care is provided both in-home and in the community.

### Senior Centers

Aging and Disability Services administers funds that support a number of Senior Centers in the City of Seattle. Senior Centers are community resource centers that meet the physical and emotional needs of older adults by offering access to services and resources on site, including immunization, health screening, nutrition, exercise and fitness programs.

Peer support and counseling are among the services offered by many senior centers, as well as health education. Nutritious meals are served at low cost, and many opportunities are provided for socialization, recreation, leadership and volunteerism.

### Seniors in Service to Seattle

This volunteer program uniquely promotes volunteer and intergenerational relationships by finding opportunities for seniors age 55 or over in City departments, schools and community based programs.

### Technology Support

This includes a federal grant to develop 1) a computerized process to facilitate the home care referral of clients by case managers to home care agencies for identification of home care workers, and 2) an automated time tracking system for home care workers.

Funding is provided to subcontractors as part of their operating costs for upgrade and maintenance of their information systems, for purposes of client tracking and reporting, and fiscal management.

An automated tracking system using a barcode on an identification card will be used to track and report on clients' participation in nutrition and health .

### Transportation

Aging and Disability Services primary focus for transportation in King County is to provide access to nutrition services. ADS works in partnership with Metro/King County to provide transportation to nutrition sites. ADS also funds Volunteer Transportation, which provides rides to medical appointments on a priority basis.

### Utility Discount Program

Discounts in electric, water and solid waste bills are available to Seattle low income home owners or renters who are age 65 or older, or under 65 and disabled.

## Non-AAA Services

This chart should not be considered as a chart that is an all-inclusive listing of services in King County. Instead, it should be considered as an indication of the types of organizations and services available by sub-region, for older people, disabled adults, and their families.

SERVICE	South King County	East King County	North King County	Seattle
Alzheimer's Support Groups	7	9	8	14
Case Management	4	4	5	6
Developmental Disabilities	2	2	2	2
Elder Abuse	3	3	3	4
Employment Services	1	1	2	2
Food Banks	3	2	5	8
Homeless Programs	2	2	3	9
Hospitals/Medical Centers, Clinics & Dental	7	5	7	17
Housing (includes King County and Seattle Housing Authorities)	2	1	4	4
Geriatric Mental Health Services, Alcohol/Substance Abuse Programs & Psychologists	3 2 Ph.Ds	1 20 Ph.Ds	2 30 Ph.Ds	5 42 Ph.Ds
Older Gay & Lesbian Programs				2
Other Services (includes support groups, community service centers/center, legal assistance, volunteer services)	4	5	8	12
Refugee/Immigrant Services	3	1	3	11
Senior Fitness & Social Programs	3	3	3	4
Senior Information & Assistance (non-AAA funded)	1	1	1	3
Services to Minorities	3	2	3	3
Disability/Issue Groups	2	2	8	34
Transportation	2	1	2	4

## Quality Home Care

A 1999 study of the quality of in-home care services conducted by the Washington State Joint Legislative Audit Review Committee concluded that current home care quality assurance practices are administrative in nature and not performance-based.<sup>11</sup> They also found that the Individual Provider (IP) program has limited oversight and IP clients are potentially more vulnerable than clients served by agency home care. In addition, the number of IP clients is increasing at a faster rate than the number of agency clients.

Home care issues unique to King County are as follows:

- a. The growing number of new home care agencies in King County has increased the oversight required by ADS. New agencies in particular create an extra monitory workload due to the effort required to assist agencies with startup activities, recording keeping, and training requirements. Currently, ADS provides ongoing monitoring and oversight, as well as annual assessments for 13 home care agency contracts and anticipates one to two more in 2000.
- b. Current Medicaid case management caseloads were too high (90:1) for quality service coordination.

ADS will enhance quality assurance measures both for the agency and IP clients.

**Home Care Quality Outcome: To improve the quality of home care.**

### *Objectives*

1. To advocate for increased worker wages and benefits in accordance with a livable wage standard.

### **Individual provider clients**

2. To increase case management monitoring of clients who are served by individual providers who are relatives and at risk of poor care or abuse (Dec 2001).
  - Advocate with state legislators for adequate case management resources to enable case managers to conduct more home visits for high risk clients.
  - Increase contact to twice a year for high risk clients.
3. To carry out a training program for younger disabled individuals on hiring and supervising individual service providers (Dec 2001).

### **Agency clients**

4. To increase monitoring of clients who are served by agencies.
  - Improve turnaround time from referral to placement of home care aides in clients home by implementing a home care referral system that will allow case managers to electronically refer clients to home care agencies and to track agency performance (Dec 2001).
  - Implement an electronic home care aide time tracking system that enables workers to use the telephone to check in and out when they are working at a client's home (Dec 2001).
  - Give case managers real-time access to time tracking system so that they can be immediately notified of any service gaps. (Dec 2001).
  - Incorporate performance-based measures in home care agency contracts (Jan 2000).

## Issue Areas and Objectives

The four priority issue areas that emerged from the ADS Area Plan 2000 – 2003 planning and review process are health, long term care, housing, and family caregiving. Each issue area contains background information, an overall issue area outcome and measurable objectives that support the outcome. The size of the change proposed in each of the objectives (5% vs. 10% vs. 20%) was determined by considering population growth in King County over the next four years, the feasibility of reaching the target given funding levels, and the AAA current service capacity in King County. During the first year of the plan, baseline data will be gathered so that improvements in the following years can be measured against the baseline.

### I. Health

#### ***Chronic Disease Increases With Age***

As the population ages, health care systems will be challenged to address the personal and system impact of chronic diseases, the primary cause of both functional limitation and death among people who are 65 years of age and older. A recent study by the Alliance for Aging Research reports that an additional \$26 billion per year is spent on medical and long term care for older Americans who lose the ability to live independently.<sup>12</sup> As the nation ages in unprecedented numbers, unrecognized and under-treated chronic diseases of aging will drive the cost of health care for the next 50 years (Table 6).

**Table 6.** King County 1996, Age 65 and Older

Leading Causes of Death		Leading Chronic Conditions	
Heart disease	2,681	Arthritis	90,318
Cancer	2,059	Hypertension	65,462
Stroke	855	Heart Disease	59,370
Chronic Obstructive		Chronic Obstructive	
Pulmonary Disease	470	Pulmonary Disease	18,748
Pneumonia/influenza	433	Diabetes	18,051
Diabetes	229	Back/spine problems	15,871
Unintentional injury	143	Visual impairment	15,352
Alzheimer's Disease	129	Leg/foot problems	14,239
Arteriosclerosis	82	Stroke	10,760
Septicemia	56	Asthma	8,891

**Source:** *Living Longer Staying Healthy: The Health Status of Older Adults in King County, January 1995.*

### ***Behavioral and Physiological Risk Factors Are Associated With Chronic Disease***

Many risk factors for chronic disease are preventable, or their onset can be delayed through lifestyle changes, preventing injuries, and improvement in access to primary health care.<sup>13</sup> There is a high occurrence of high blood cholesterol, physical inactivity, and not eating 5 fruits and vegetables a day among adults 65 and older in King County (Table 7).

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**Table 7.** Chronic Disease Risk Factors among Older Adults 65+ in King County

<b><u>Risk Factors</u></b>	<b><u>Prevalence</u></b>
<i>Chronic Disease</i>	
Smoking	11%
Overweight	23%
Physical Inactivity	47%
High Blood Cholesterol	45%
Not eating 5 fruits and vegetables a day	68%

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**Source:** Health of Older Adults in King County, Public Health: Seattle-King County, June 1998.

Injuries, mental health problems, and infectious diseases also contribute significantly to hospitalizations, death, and disability among older people in King County (Table 8).

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**Table 8.** King County Adults 65+

<b><u>Risk Factors</u></b>	<b><u>Prevalence</u></b>
<i>Injuries</i>	
Falls	18%
Suicide (Highest among older males)	20%
<i>Mental Health</i>	
Depression	10%
Alzheimer's Disease	2-30%*
<i>Infectious Disease</i>	
Pneumonia/Influenza	93%

\*National Rates

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**Source:** *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, January 1995.

Osteoporosis is also a major public health threat and one out of every two women, and one in eight men over 50 will have an osteoporosis-related fracture in their lifetime.<sup>14</sup>

### ***Health Disparities Persist Across Ethnic Groups***

Extremely high incidences of illness and death due to diabetes and heart disease for African Americans, Hispanics, American Indians, Alaska Natives, and Asian/Pacific Islanders who are 65 and older persist despite improvement in the overall health of people living in the U.S. In addition, disparities across ethnic and income groups in health risk factors such as smoking, obesity, sedentary lifestyle, and limitations of daily activity continue to widen.<sup>15</sup> The personal and system impact will increase as these same ethnic groups begin to represent an increasingly higher proportion of the older population in King County and the U.S.

Older people of color are more likely to be poor, malnourished, less educated and in poor health than white people who are older.<sup>16</sup> People who are poor and near poor are more likely than middle to high-income people to have difficulty with activities of daily living.<sup>17</sup> In addition, both Hispanic and African American older people under-use health care services because many are uninsured and unable to pay for health care services.

Nationwide, 44 percent of African American older people and 39 percent of older people of Hispanic origin have health insurance coverage compared to 75 percent of their white counterparts. This lack of health care coverage may result in death at an earlier age than if health care had been available<sup>18</sup>.

### ***Health Promotion Strategies Can Reduce Health Disparities***

The aging of the population increases the need to reduce the current rates of illness and disability due to chronic diseases and injuries. Aging and Disability Services will build on two approaches for the prevention of disease for older adults out of several approaches identified by the Department of Public Health: Seattle-King County: (1) modifying the risk factors for chronic disease and injuries, and (2) promoting immunizations against influenza and pneumonia.<sup>19</sup>

The ADS approach to improve the health status of older adults and to reduce health disparities consists of outreach to communities of color and the expansion of programs that modify risk factors associated with chronic disease, injuries, and mental health. ADS will:

- Expand research-based health promotion activities throughout the county.
- Adapt proven programs to meet the cultural as well as health needs of ethnic/minority elders.
- Heighten public awareness of health promotion essentials for older adults through a media and advertising campaign.
- Intensify outreach to new refugee groups.
- Partner with the University of Washington Northwest Prevention Effectiveness Center to test the effectiveness of community-based treatments for depression.

The ADS approach to improve the quality of life of older adults includes increasing access to cultural and lifelong enrichment activities, employment opportunities, and intergenerational projects.

### ***Grandparents Raising Grandchildren Are on The Rise***

Challenges facing grandparents raising grandchildren are coming to the attention of aging service providers. In 1997, 7% of the nation's families with children under 18 were maintained by grandparents who had one or more of their grandchildren living with them—up about 400,000 (19%) since 1990<sup>20</sup>. These grandparents face major changes in their lives and shoulder an enormous responsibility.

### ***Health Outcome: Increase quality and years of healthy life for older people.***

#### ***Objectives:***

1. To increase by 5% the number of older residents throughout Seattle and King County who improve their health status and quality of life by participating in health promotion and lifelong enrichment activities. (December 2001)

#### **Access**

- Increase the number of County human service subregions that offer a minimum set of culturally and linguistically appropriate health promotion services.
- Increase the number of refugees who participate in health promotion activities by coordinating outreach efforts with mutual assistance associations.
- (New) Support the development, design and implementation of the 211, a coordinated community information and referral telephone access system for Washington State citizens.
- Develop resources through advocacy efforts at state and federal levels, grant writing, or allocations processes to fund

services in county subregions that do not have a minimum set of health promotion services.

- Develop opportunities for access to a broad range of health promotion areas including recreational, educational, and cultural activities.

#### Transportation

- (New) Work with providers such as senior centers, nutrition sites, outreach providers, senior wellness sites to develop five sites as transfer points for King County Metro ACCESS.
- ~~(Delete) Work with King County Metro Access transportation to develop trip planning positions stationed in each county subregion to minimize trip costs and increase the number of people who have access to services. (Rationale: No longer feasible given current funding climate.)~~
- ~~(Delete) Reduce the time it takes to schedule a ride by working with Metro to make on-line trip scheduling available to trip planners and service participants. (Rationale: This objective is being accomplished by Metro without the need for ADS involvement.)~~
- Support increased Metro funding to replicate the Des Moines/Normandy Park Senior Transportation Program.
- Advocate for Metro funding to expand volunteer transportation, which includes hand-to-hand service.

#### Quality

- Implement self-report measures for quality of life and health status in health promotion and nutrition services.
- Seek resources to partner with natural medicine experts to implement documented health promotion and nutrition approaches based on natural medicine.
- (New) Create a medical advisory committee to systematically strengthen relationships and communication between ADS (case management in particular) and health providers (i.e. Doctors, Nurses, Geriatricians, etc.)

#### Technology

- Develop a web-based map of existing health promotion services funded by Seattle Library, Seattle-King Public Health Department, Aging & Disability Services, Seattle Housing Authority, and Seattle Parks Department.
- Develop a map of existing health promotion services available in King County.
- Increase by 5% the number of family caregivers, clients, and staff who access the web-based resource sites.

- Train library, parks, health department, and housing authority staff to access information through resource web sites created by Information and Assistance, Seattle Public Access Network, and King County.
- Create links to King County Metro on-line information sources for both fixed route and ACCESS. Educate trip planners and riders to make best use of on-line trip planning tools.

#### Intergenerational Initiatives

- Seek resources to establish and test the effectiveness of systems for training, mentoring, and providing technical assistance to senior and youth partners who are interested in increasing computer skills.
- (Revised) Increase by up to ~~600~~ (200) the number of senior volunteers who will be matched with youth from Seattle Public Schools for mentoring, tutoring, and arts and culture projects, computer pals, and intergenerational dialogues. (December 2002)
- (Delete) ~~Seek resources to support educational programs and services that address the local needs and concerns of grandparents raising grandchildren.~~ (Completed: \$50,000 per year is now available through the Family Caregiver section of the Older Americans Act.)
- (New) Fund grandparent support programs to enhance services for grandparents raising grandchildren.
- Advocate with statewide task force to work on changing state laws that create barriers for grandparents raising grandchildren.

#### Nutrition Initiatives

- Increase fruit and vegetable consumption among 15% of regular meal program participants.
  - Decrease food insecurity by increasing participation of seniors below 200% of poverty level in senior nutrition programs.
2. To increase by 10% the number of older people in King County who are aware of disease prevention measures which they can take to reduce depression, increase immunity to influenza and pneumonia, increase their physical activity, and prevent falls. (December 2002)
- Participate in the Healthy Aging Partnership, a coalition of aging organizations sponsored by Public Health: Seattle-King County.
    - ⇒ Create and widely advertise a 1-888-4-ELDERS information number. (Completed)

- ⇒ Develop a senior information media and advertising campaign to educate the public regarding fall prevention, adult immunization, depression, and physical activity.
  - ⇒ Compare magnitude of response to each type of promotional campaign to gauge which approaches are most effective.
  - ⇒ Disseminate information to ethnic communities via ethnic newspapers, radio, and television stations.
  - Educate bilingual outreach staff who serve refugee elders about fall prevention, depression interventions, the need for immunizations, and physical activity (Dec 2001).
3. To increase by 5% the number of case management clients diagnosed with diabetes whose disease is under control. (December 2003)
  4. To test the effectiveness of problem-solving therapy in alleviating symptoms of depression with 250 older people who receive case management assistance or participate in the African American Elders program in partnership with University of Washington. (December 2003)

## **II. Long Term Care**

### ***Long Term Care Choices Are Increasing***

Washington State is well known for the availability of community long term care options. People with functional limitations who qualify for Medicaid can choose to stay in their homes and hire personal assistants to help them with personal care needs. Their needs may also be met through adult day health care and supportive services such as home-delivered meals or personal emergency response systems. Adult family homes and assisted living are available in the community for people who are unable to stay in their own homes.

### ***Community-Based Care Keeps Expanding***

In an effort to balance the long term care system between institutional and community options, the Washington State Legislature ordered the reduction of publicly funded nursing home beds. At the same time, the numbers of community-based long-term care clients have increased. Between 1993 and 1998, the number of people in Washington State who were 75 and older increased 17%, while the nursing home population decreased by 16% (2,767 people) and the community-based care population increased by 29% (5,750 people).<sup>21</sup>

The combination of expanded care in the community (which traditionally pays low wages), and a strong economy with a high demand for workers has resulted in an acute home care worker shortage. Although legislation for an increase in home care worker wages will take effect in July of 1999, it will continue to be difficult to attract and retain workers in the current Puget Sound economy. Creative approaches are needed to improve the quality and retention of home care workers and to improve efficiencies throughout the home care system.

**Long Term Care Outcome: To increase the quality and years of independent living for people with functional disabilities.**

**Objectives**

1. To increase by 5% the average length of time adults with functional limitations who need long term care are able to stay in their homes without the need for higher levels of care. (December 2003)
  - Increase nurse consultation with case management clients who have the highest health risks.
  - Increase by 10% the number of home care workers serving clients in areas in which there is a shortage of workers (e.g., East King County) by developing a plan with King County METRO to fund van lease options that will enable home care agencies to transport workers to areas with high demand for service.
  - Increase by 10% the number of Hispanic people with functional limitations who access case management services. This will be accomplished by co-locating a case manager in the Latino Information and Assistance office part-time.
  - Increase by 10% the amount of funds for younger disabled case management clients to purchase goods and services not covered by Medicaid.
2. To test on a pilot basis the effectiveness of linking primary and long term care with funding and services for an enrolled group of clients. (December 2003)

### **III. Housing**

#### ***Housing Affordability Is In Jeopardy***

The 1997 Washington State Legislature created a task force to determine the need for safe, decent and affordable housing for seniors and persons with disabilities. Affordable housing is defined as mortgage or rent and utilities that do not exceed 30% of the household's annual income. In 1994 the Washington State Affordable Housing Advisory Board estimated that 7.5% of senior households spend more than 30% of their income on housing. In 1994 approximately 110,000 low-income households included at least one adult member with a disability.<sup>22</sup>

The availability of affordable housing for senior and disabled households is in jeopardy. The housing crisis facing low-income seniors and people with disabilities in King County is intensifying due to a combination of:

- Increasing population of seniors and people with disabilities.
- Continuing decline of affordable housing stock.
- Lack of long-term housing subsidies.
- Growing high cost housing market due to a strong Puget Sound economy.

#### ***People Aging in Place Have Increasing Need for Services***

Added to the affordable housing crisis is the need for housing plus services for people who wish to age in place. Many moved into subsidized housing units twenty years ago when they were 65. Now that they are 85 and older, they may need case management, home care, day health, meals, and other supports in order to remain in an independent unit. More housing plus service options need to be created in order to meet the need of the growing numbers of people 85 plus who have low incomes and are becoming frailer.

#### ***Housing Outcome: Improve housing stability for older people and people with functional limitations.***

##### ***Objectives***

1. To secure housing with Section 8 vouchers for up to 30 younger disabled case management clients living in King County.  
(December 2000)
  - Partner with nonprofit agencies to develop project-based Section 8 housing for disabled adults.

- Partner with King County Metro to assess the physical location of potential project-based Section 8 sites.
  - ~~(Delete) Pilot test cluster care at one site for younger disabled people.~~ (Rationale: Cluster care projects are not feasible due to HCFA rules related to client choice of home care provider.)
2. To increase by 5% the number of affordable housing units with services to support aging in place in one rural area that has the greatest need. (December 2003)
    - Partner with non profit developers to coordinate an affordable housing project with services.
  3. To increase by 5% the average length of stay of older adults who live in subsidized housing sites prior to needing higher levels of care. (December 2003)
    - ~~(Delete) Pilot test cluster care for multiple residents receiving home care at one site.~~ (Rationale: Cluster care projects are not feasible due to HCFA rules related to client choice of home care provider.)
    - ~~(Delete) Develop building-based case management at the pilot site.~~ (Rationale: This objective is a companion with the cluster care objective which is no longer feasible.)
    - Pilot test the integration of Medicare and Medicaid services to eligible residents including innovative ways to support transportation services to both.
    - Carry out eviction reduction strategy to ensure that 80 percent of Seattle Housing Authority high rise and SSHP residents who receive eviction notices will retain their housing.
    - Expand wellness programs to at least six King County Housing Authority sites.
    - Advocate for continued HUD funding for subsidized units available to older adults and adults with disabilities, taking into consideration access to existing King County Metro fixed route and ACCESS programs.
  4. ~~(Delete) To secure funding to increase Homesharing matches by up to 30 older adults in Seattle and up to 90 older adults in King County (December 2003).~~ (Rationale: Given the current funding climate for county resources, this objective is no longer feasible.)
  5. (New) Educate major City and County housing funders, and other influential agencies regarding Universal Design (for new development and housing modifications) in order to increase housing stability for older people and adults with disabilities.

6. (New) Develop a Central Resource for Information regarding Universal Design.

- Create City and County Universal Design resources for new multi-family, residential, and home modifications.
- Create access/links through ADS website, and Information and Assistance sites.
- Resources will target architects, housing developers, contractors, as well as print and media resources.

#### **IV. Strategic Initiative: Family Caregivers**

The rate of growth in numbers of people requiring care is increasing at the same time as the number of available family and paid caregivers is shrinking. The availability of family caregivers in the coming decades is projected to decline due to the increase in:

- Divorce rates.
- Proportion of women who are working full time to support their families.
- Number of extended family members who may not live close to aging parents.

At the same time, economic and demographic pressures are impacting the availability of paid caregivers. Unless steps are taken now to support families in their planning for present and future long term care needs, it will be difficult to meet future caregiving needs.

#### ***Family Caregivers Provide The Bulk of Long Term Care***

Families, who provide 70% of elder care, require support and respite in order to continue their caregiving role. Increasing longevity will require greater levels of support for family caregivers who will be aging themselves. It is not uncommon to see 70-year old daughters caring for their 90-year old mothers. In addition, increased support will be needed for families who care for people with Alzheimer's disease or dementia because they are at the greatest risk of burnout.

Research studies estimate that 30 to 50% of people 85 years and older are at risk of getting dementia or Alzheimer's disease. The 85+ population in King County will grow from 24,244 in 2000 to 33,716 in 2010, a 39% increase. As a result, the need for family caregiver support becomes even more pressing in the next decade (Table 9).

**Table 9.** King County, Age 85 and Older<sup>23</sup>

	<b>Total 85+</b>	<b>Increase</b>
1995	20,105	
2000	24,244	21%
2005	28,614	18%
2010	33,716	18%
2015	35,918	2%
2020	37,703	5%

Source: Washington State County Population Projections by Age and Sex: Office of Financial Management, 1995.

**Family Caregiver Outcome:** Increase informed choices for families and people in need of long term care now or in the future.

*Objective*

*Family Caregiver Outcome:* ~~(Delete)~~ Increase informed choices for families and people in need of long term care now or in the future. (New) Increase information, support and assistance for unpaid caregivers regarding their own needs and the needs of those for whom they are caring. (Rationale: New Caregiver resources more clearly define desired outcome.)

1. To increase by 5% the number of family caregivers who receive supportive information that guides their long term care choices (Dec. 2003).
  - ~~(Delete)~~ Develop report card (on line and brochure) based on state inspections of residential facilities (nursing homes, adult family homes, assisted living, etc.), complaints to the long term care ombudsman program, and performance reports for home care. (Rationale: Information is already available on line.)
  - Develop and evaluate the effectiveness of a marketing campaign to heighten family caregiver awareness of and ability to evaluate long term care options.
  - Seek resources to implement training for financial, retirement, and long term care planning for older adults and caregivers.
  - Increase support for family caregivers.
    - ⇒ Conduct caregiver focus group to determine caregiver needs including those who care for ~~disabled~~ adult children with disabilities.
    - ⇒ Partner with long term care providers to develop a media campaign and offer workshops to raise caregiver awareness of options.

- ⇒ ~~(Delete) Advocate to increase the current funding for respite services.~~ (Completed)
- ⇒ ~~(Delete) Advocate for increased funding in the Older Americans Act for family caregiver support, counseling, and peer support.~~ (Completed)
- ⇒ (New) Implement new caregiver services funded by the state and Older Americans Act, to include caregiver information, assistance and support, counseling, expanded respite and kinship care. (See attached listing of the National and State Family Caregiver Support Program)
- ⇒ Develop and evaluate the effectiveness of peer support options

<b>NATIONAL FAMILY CAREGIVING SERVICES</b>		
<b>AGENCY</b> (For services, please contact the Agency web site.)	<b>PROJECT DESCRIPTION</b>	<b>CONTACT</b> (For program information, please use this contact.)
Senior Services <a href="http://www.seniorservices.org">www.seniorservices.org</a>	<p>Provide the main entry point for Caregivers who are caring for adults with disabilities and who are age 60 or older; as well as, Kinship Caregivers who are age 60 or older and caring for children under age 19. Information, Referral and Assistance Services through the Senior Information &amp; Assistance call centers.</p> <p>Extend the access hours for I &amp; A calls.</p> <p>Provide the lead coordination for all the Caregiver providers in King County, including hosting the NFCSP kick-off event for King County.</p> <p>Develop a comprehensive media campaign and a community outreach effort in collaboration with the Healthy Aging Partnership (HAP), which uses the easy-to-remember <u>1-888-4Elders</u>. Outreach will be conducted primarily through 40 congregate meal sites, 35 Senior Rights Assistance sites and 9 Senior Centers, countywide.</p> <p><u>Caregiver Specialists will:</u></p> <ul style="list-style-type: none"> <li>➤ Identify caregivers through community outreach, education and coordination with other providers.</li> <li>➤ Cross train Outreach and Information Specialists who in turn will               <ul style="list-style-type: none"> <li>➤ Provide direct service to caregivers on site.</li> <li>➤ Use laptop computers to access the comprehensive resource database in order to assist caregivers in accessing services, etc.</li> <li>➤ Provide limited in-home assistance.</li> <li>➤ Conduct community and workplace educational workshops for caregivers.</li> </ul> </li> </ul> <p>Develop additional Caregiver components for the Senior I &amp; A library.</p> <p>Enhance the Caregiver web site.</p> <p>Develop an interactive web page: "<i>Caregiver Journal Exchange</i>".</p> <p>Provide a range of "Supplemental Services" such as transportation, home modifications, assistive devices, medical equipment, financial help for non-covered prescription costs, etc.</p>	Eileen Murphy <a href="mailto:eileenM@seniorservices.org">eileenM@seniorservices.org</a>
Crisis Clinic <a href="http://www.crisisclinic.org">www.crisisclinic.org</a>  Both State and Federal funding enables them to serve Caregivers who care for persons, age 18 or older.	<p>Provide the main entry point for Caregivers caring for adults with disabilities, age 18 or older.</p> <p>Information, Referral and Assistance Services through the Community Information Line (CIL), 24-hour access, seven days a week.</p> <p><u>Caregiver Program Specialist will:</u></p> <ul style="list-style-type: none"> <li>➤ Trains all the "I &amp; R" specialists regarding Caregiver needs and services.</li> <li>➤ Provides in-person Caregiver Support.</li> <li>➤ Arranges for Emergency Respite Care, when necessary.</li> </ul> <p>Develop and maintain a Caregiver website.</p> <p>Provide callback telephone support to caregivers.</p> <p>Continue Caregiver outreach and publicity.</p>	Julie Johnson <a href="mailto:jjohnson@crisisclinic.org">jjohnson@crisisclinic.org</a>
Kin On Family Support Center <a href="http://www.kinon.org">www.kinon.org</a>  Both State and Federal funding enables them to serve Caregivers who care for persons, age 18 or older.	<p>Expand the outreach to community groups, Chinese religious groups, and other gatekeepers.</p> <p>Train volunteer caregivers recruited through Care Team ministries in basic caregiving techniques, how to access services, and support of family caregivers.</p> <p>Develop a training manual for Chinese Caregivers.</p> <p>Evening and Weekend coverage for Kin On supervisors available to caregivers and service providers (8:30 AM – 9:00 PM, seven days a week).</p> <p>Develop a bilingual Caregiver's web site (Chinese &amp; English).</p> <p>Collaborate with City of Bellevue, Overlake Hospital and other Eastside providers to organize an Asian Caregivers Health Awareness Conference.</p> <p>Initiate an Asian Caregiver Alliance for King County that will plan a Caregiver Conference, develop Caregiver training curriculum and advocate for needs of Caregivers.</p>	Catharine Wu <a href="mailto:catharinewu@kinon.org">catharinewu@kinon.org</a>

NATIONAL FAMILY CAREGIVING SERVICES		
Chinese Information Service Ctr. <a href="http://www.cisc-seattle.org">www.cisc-seattle.org</a>	Outreach to potential Chinese caregivers through home visits, meetings with Chinese Associations, business and church groups. Special outreach efforts will be made in East King County. Care management support. Respite Promotion and Placement.	Stephen Lam <a href="mailto:stephen@teleport.com">stephen@teleport.com</a>
Overlake Hospital <a href="http://www.overlakehospital.org">www.overlakehospital.org</a>	Outreach to informal support networks through the Eastside churches. Expand distribution of Caregiver materials developed for the Eastside. In-home counseling to family caregivers in Bellevue, Redmond, Mercer Island, Issaquah, Sno-Valley and North Bend. Develop a Bellevue-based Caregiver support group	Debbie Anderson <a href="mailto:danderso@overlakehospital.org">danderso@overlakehospital.org</a>
Alzheimer's' Association <a href="http://www.alzwa.org">www.alzwa.org</a>	Outreach to unpaid caregivers of persons with Alzheimer's. A "Care Consultant" will establish a relationship with families caring for a person with Alzheimer's and develop a needs assessment. Develop a "care plan" with both short and long term goals, and provide on-going problem solving and follow-up with families.	Mark Buckley <a href="mailto:mark.buckley@alz.org">mark.buckley@alz.org</a>
Professional Registry of Nursing <a href="http://www.prninc.net">www.prninc.net</a>	Provide training for <u>unpaid</u> caregivers, when slots are available, for each of the Training programs available to paid caregivers. Provide special training for unpaid caregivers through the "Taking Care of You: Powerful Tools for Caregiving".	Jerry Crosby <a href="mailto:jlcrosby@prninc.net">jlcrosby@prninc.net</a>
Interfaith Volunteer Caregivers <a href="http://www.providencemarianwood.org">www.providencemarianwood.org</a>	Recruit and Train new Volunteer Caregivers in order to increase the number of community residents who may be served. Trained Volunteers will provide assistance with transportation, shopping, errands, light housekeeping, companionship, short respite care and yard work.	Sally Farrell <a href="mailto:sfarrell2@providence.org">sfarrell2@providence.org</a>
Eastside Adult Day Services <a href="http://www.eadsdayhealth.org">www.eadsdayhealth.org</a>	Develop a support group for caregivers in the Greater Issaquah and Sammamish Plateau communities. Develop a caregiver resource center at the Sammamish Plateau site, which can be used independently or with consultation from a trained staff member.	Paula Hardy <a href="mailto:pdhardy@serve.net">pdhardy@serve.net</a>
Evergreen HealthCare <a href="http://www.evergreenhealthcare.org">www.evergreenhealthcare.org</a>	The Geriatric Regional Assessment Team (GRAT) will provide therapy services, (one to five sessions between 45 and 75 minutes) to isolated caregivers that are unable to access mental health services elsewhere. They will focus on high stress, depression, abuse or domestic violence, grief from the loss or decline of loved ones.	Karen Kent <a href="mailto:kkent@evergreenhealthcare.org">kkent@evergreenhealthcare.org</a>
Northshore Senior Center <a href="http://www.halcyon.com/senior">www.halcyon.com/senior</a>	Expand current support groups to include the Kirkland Senior Center. Extend the Health Enhancement Program (HEP) to caregivers in order to increase support for caregivers. Caregiver training: two series of six week classes on "Taking Care of You: Powerful Tools for Caregiving". Counseling and emergency consultation for caregivers in a state of chronic or acute distress.	Marianne LoGerfo <a href="mailto:marianneL@seniorservices.org">marianneL@seniorservices.org</a>
King County Housing Authority <a href="http://www.kcha.org">www.kcha.org</a>  State funding enables them to serve Caregivers who care for persons, <b>age 18 or older</b> .	Coordinated Caregiver services for residents and caregivers in the 23 King County Public Housing residences. Individual consultations, including assistance with problem solving and decision making related to caregiving roles. Provided by the Support Services coordinators, including referrals to support groups, respite care and the Community Information Line (CIL) at Crisis Clinic, which provides 24-hour access to caregivers.  Meetings at each of the 23 KCHA residences for caregivers; informational and resource mailings provided in all the major languages including Russian, Vietnamese and Korean.	Cassandra Miller <a href="mailto:CassandraM@KCHA.org">CassandraM@KCHA.org</a>

<b>NATIONAL FAMILY CAREGIVING SERVICES</b>		
<b>KINSHIP CAREGIVING</b> <i>(Grandparents and other relatives, age 60 or older, caring for grandchildren)</i>		
Children's Services of Sno-Valley <a href="http://www.cssv.org">www.cssv.org</a>	Develop a local media campaign, brochure to do outreach and recruitment in the Snoqualmie Valley, North Bend and Duvall areas of King Co. Assess the needs of current and new participants. Assist in accessing information, referrals to professional services such as legal. Assist with funds for individual family needs; i.e., summer camp, school break activities, supplies, athletic costs. Provide Kinship Caregiver support groups. Provide Child support groups.	Nancy Whitaker <a href="mailto:nwhitaker@cssv.org">nwhitaker@cssv.org</a>
Southeast Youth & Family Serv. <a href="http://www.scn.org/civic/seayouth">www.scn.org/civic/seayouth</a>	Provide an evening support group. Workshops on a variety of specific topics unique to Kinship Care providers, such as Finance and Budget, Respite and Child Care, Child Development, Raising mixed race children, health, legal, nutrition, domestic violence, signs and symptoms of drug use, stress management, etc. Outreach and care management to assist kinship caregivers in accessing necessary services. Referrals to counseling, medical, housing, etc.	Jeri White <a href="mailto:jrwhiteseyfs@uswest.net">jrwhiteseyfs@uswest.net</a>
Atlantic Street Center <a href="http://www.atlanticstreet.org">www.atlanticstreet.org</a>	Provide professionally facilitated therapeutic adult support groups and children's social skill groups. Educational workshops on adoption; custody and guardianship; healthcare and nutrition; economic and financial concerns; navigating the school systems; parenting issues unique to kinship care providers.	Tamsen Spengler <a href="mailto:tamsens@atlanticstreet.org">tamsens@atlanticstreet.org</a>
Public Health – Seattle & King Co. <a href="http://www.metrokc.gov/health">www.metrokc.gov/health</a>	Identify and expand services to grandparents and other kin. Provide individual counseling for grandparents, with special emphasis on mental health issues and learning disabilities. Provide "system navigation" assistance for barriers in the health, education and TANF ("welfare") systems.	Abbey Moon-Jordan <a href="mailto:abigail.moon-jordan@metrokc.gov">abigail.moon-jordan@metrokc.gov</a>

## NATIONAL FAMILY CAREGIVING SERVICE

### MINI-GRANTS

<p>U. of Washington Alzheimer Satellite.</p> <p>Both State and Federal funding enables them to serve Caregivers who care for persons, age 18 or older.</p>	<p>Organize and facilitate two (2) discussion groups for Chinese-American caregivers on shared experiences and needs to determine the desired services as well as the barriers experienced by these caregivers in accessing services.</p>	<p>Judy Cashman <a href="mailto:judym@u.washington.edu">judym@u.washington.edu</a></p>
<p>Providence Mount Saint Vincent <a href="http://www.providence.org/themount">www.providence.org/themount</a></p> <p>Both State and Federal funding enables them to serve Caregivers who care for persons, age 18 or older.</p>	<p>Plan and sponsor a one-day workshop for up to 150 unpaid caregivers of functionally disabled adults 18 years and older. It will provide life-enhancing strategies and information to improve the caregiver's quality of life.</p>	<p>Carol Collins <a href="mailto:cscollins@providence.org">cscollins@providence.org</a></p>
<p>Magnolia Adult Day Center</p> <p>Both State and Federal funding enables them to serve Caregivers who care for persons, age 18 or older.</p>	<p>Provide additional counseling and support to caregivers.</p>	<p>Vanessa Harrold 206-283-0233</p>
<p>Korean Women's Association <a href="http://www.kwaonline.com">www.kwaonline.com</a></p> <p>Both State and Federal funding enables them to serve Caregivers who care for persons, age 18 or older.</p>	<p>Plan and sponsor two educational seminars for unpaid Korean caregivers in the Federal Way, Auburn and Kent areas. The focus will be on alternative ways to strengthen the quality of caregiving for elders and adults with a disability.</p>	<p>Faaluaina Pritchard <a href="mailto:luaprkw@nwlink.com">luaprkw@nwlink.com</a></p>
<p>Mt. Si Senior Center/Snoqualmie Valley</p> <p>Both State and Federal funding enables them to serve Caregivers who care for persons, age 18 or older.</p>	<p>Produce a brochure featuring <b>local</b> service providers who assist unpaid caregivers of adults with disabilities. It will be widely distributed, including the Snoqualmie Valley Caregivers Fair.</p>	<p>Ruth Tolmasoff <a href="mailto:tolmas@accessone.com">tolmas@accessone.com</a></p>

## **D-4 OAA Native American Elders (New)**

### **1. Number of Native American Elders and Their Needs**

Although Native American elders make up a small proportion (0.5%) of all people age 60 and over who live in King County, their health and social needs are great.

- According to the 1990 Census, there are approximately 1,171 Native Americans (includes Eskimos, or Aleut) who are age 60 and over living in King County.
- Of the 970 Native Americans who are 65 and over, 167 (17.2%) have incomes below poverty. This is the highest poverty rate for people 65 and over of any ethnic group.
- Native Americans have shorter life expectancy than whites by 4.1 years.

A 1998 survey of Native American congregate nutrition participants conducted by Mekinak Consulting found that:

- 68% of participants report they are in fair to poor health.
- 80% report suffering a chronic illness.
- 29% say that their physical health interferes with social activities.
- 18% say that their emotional health interferes with social activities.
- Many (39%) report that they do not know who they could ask if they need help caring for themselves.
- One quarter say it is difficult to make ends meet on their current income.
- Most live alone and would like more social activity and contact in their lives.

### **2. Plans to provide necessary and appropriate social and health services to older Native Americans.**

Aging and Disability Services (ADS) will continue to build on the services provided at two Native American congregate and home-delivered meal programs managed by United Indians of All Tribes (UIAT) and Muckleshoot Indians. These two programs served 165 Native American elders in the year 2000. (December 2003)

The Ethnic Dietitian Consulting Project will continue to develop educational workshops, Five-A-Day promotions, mealtime memos, and other organizational activities that are tailored to the cultural needs of Native American elders. (December 2003)

ADS will assist with network building and fund development efforts with key aging service providers as outlined in the 1998 study by Mekinak Consulting (December 2003)

- Establish existing nutrition programs as sites for social, health, and recreational programs including Senior Wellness which includes lifetime fitness, self-management of chronic conditions, and health enhancement programs. (December 2003)
- Schedule agencies to visit and provide education about a broad range of aging services available in the community, and publicize activities and resources. (December 2003)
- Schedule meetings with transportation providers to improve transportation resources. (December 2003)

### **3. Planned Outreach activities**

ADS will facilitate planning efforts with leaders in the Native American community and agency service providers to come up with priority need areas and strategies for developing and expanding services to meet the needs. (December 2003)

### **4. Measurement of effectiveness in outreach, information provision and service delivery to older Native Americans.**

ADS will use the 2000 demographic profile report as a baseline for service provision to Native American elders. We will measure the effectiveness of new efforts by tracking increases in the number of Native Americans served in all service areas under ADS oversight. (December 2003)

### **5. ADS coordination activities with other organizations representing or providing services to older Native Americans.**

ADS will work with the UIAT and Muckleshoot Indian nutrition programs to strengthen the existing service network by building linkages that will lead to enhanced program services. (December 2003)

Mekinak Consulting identified the following criteria for engaging agencies to enter into collaborations to improve service to Native American elders:

- Interest in Native American cultural needs.
- Ability to provide services in locations where Native Americans congregate.
- Ability to provide appropriate services for Native American elders.
- Interest in working in partnership with staff from other agencies.
- Interest in exploring innovative ways to contract or collaborate with nutrition programs serving Native American elders.

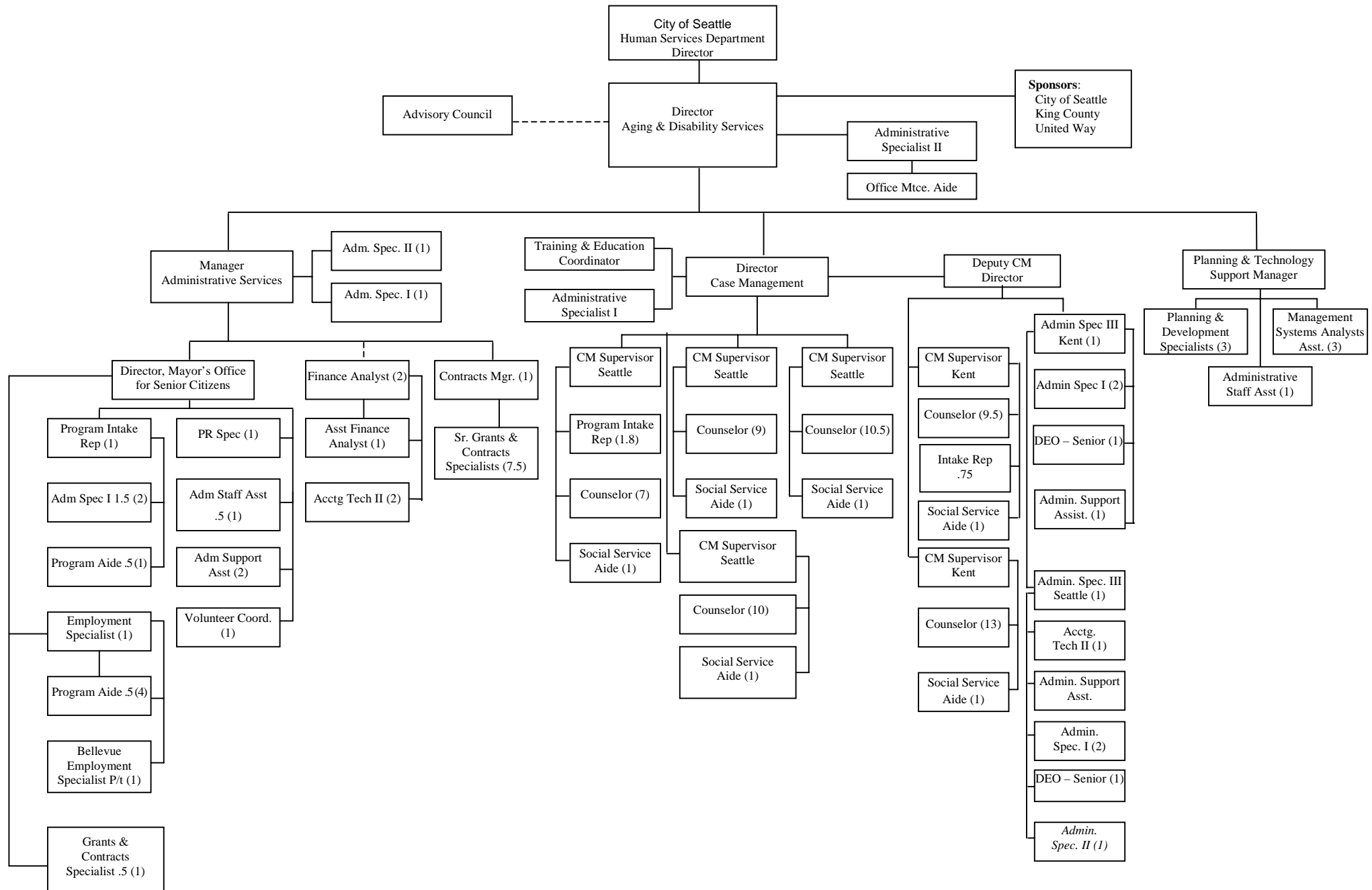
## Estimated Budget and Service Projections

*(See Appendix E)*

## Estimated Budget and Service Projections Summary

*See Appendix E*

### Organization Chart



## Appendix B

POSITION TITLE	TOTAL STAFF (Full Time & Part Time)	POSITION DESCRIPTION
<b>Planning &amp; Administration</b>		
Director	1 F/T	Directs and supervises all AAA activities.
Planning and Technology Manager	1 F/T	Oversees all planning functions and data systems.
Planning & Development Specialists	3 F/T	Conduct planning functions: Area Plan development, systems coordination, advocacy.
Administrative Staff Assistant	1 F/T	Provides staff support to the Advisory Council on Aging and Disability Services
Administrative Services Manager	1 F/T	Oversees contracted services, agency budget, administrative support, and the Mayor's Office for Senior Citizens.
Contracts and Service Development Manager	1 FTE	Oversees all contracted services.
Sr. Grants & Contracts Specialists	7.5 FTE (8 staff)	Conducts program & contract monitoring, negotiation, training & technical assistance to subcontractors
Administrative Specialist II —	2 FTE	One serves as assistant to AAA director; the other does word processing, contract production, payroll.
Accounting Technician	2 FTE	Perform fiscal & budget management support.
Administrative Specialist I	1 FTE	Provides administrative support.
Finance Analyst	2 FTE	Perform fiscal and budget management
Finance Analyst, Asst.	1 FTE	Assists the Finance Analyst
Office/Maintenance Aide	.5 FTE	Provides clerical support (from the Supported Employment Program)
Management Systems Analyst, Asst.	3 FTE	Perform computer programming
<b>Case Management Program</b>		
Case Management Program Director	1 FTE	Directs the in-house Case Management Program, serves as disaster coordinator.
Case Management Deputy Director	1 FTE	Supervises Kent Case Management Teams & administrative support.
CM Team Supervisor	6 FTE	Each supervises a team of case managers
Case Manager	59 FTE	Provide case management services to in home clients; some provide nursing expertise services. One serves as Fair Hearing Coordinator.
Administrative Specialist I	5 FTE	Provide administrative support.
Administrative Specialist II	1 FTE	Provides administrative support.
Administrative Specialist III	2 FTE	Supervise administrative support staff.

<b>POSITION TITLE</b>	<b>TOTAL STAFF</b> (Full Time & Part Time)	<b>POSITION DESCRIPTION</b>
Administrative Support Assistant	2 FTE	Provide administrative support
Data Entry Operator, Sr.	2 FTE	Perform data entry for SSPS.
Accounting Technician II	1 FTE	Provides fiscal support.
Social Service Aide	6 P/T	Provide support to case managers
Program Intake Representative	2.5 FTE (3 staff)	Conduct client assessment & scheduling for Respite services.
Training & Education Coordinator	1 FTE	Provides and coordinates training for CM staff.
<b>Mayor's Office for Senior Citizens</b>		
Director, MOSC	1 FTE	Directs all activities of the MOSC.
Administrative Staff Assistant	.5 FTE	Performs budget management, coordinates office operation, and payroll.
Employment Specialist	1.25 FTE (2 staff)	One supervises the Employment Resource Center, the other coordinates employment services at the Bellevue site.
Public Relations Specialist	1 FTE	Coordinates all public information and special events.
Volunteer Coordinator	1 FTE	Coordinates the Seniors (and others) in Service to Seattle program.
Grants and Contracts Spec.	.5 FTE	Coordinates the Title V grant and contracting with host agencies.
Program Intake Representative	1 FTE	Conducts client eligibility and staff supervision in the Utility Credit Program.
Administrative Support Assistant	2 FTE	Provide front desk reception and other clerical support.
Administrative Specialist I	1.5 FTE (2 staff)	Provide administrative support in UCP.
Program Aide	2.5 FTE (5 staff)	Provide employment services; data support.

Total Number of full time equivalent	127.8
Total number of staff positions	142
Total number of ethnic minority staff	45
Total number of staff over age 60	10
Total number of staff indicating a disability	6

## Appendix C

The Advisory Council on Aging and Disability Services (ADS) is a 27-member citizens body mandated by the Older Americans Act of 1965. The Council has a significant role in guiding Aging and Disability Services as it administers services for older people in King County.

Sponsors of ADS and its Advisory Council are:

### City of Seattle



### King County



### United Way of King County



The Advisory Council accomplishes its work mainly through its committees and task forces:

- Health Care
- Housing
- Outreach & Legislative Advocacy
- Planning and Allocations

Listed by appointing authority are the current 23 members of the Advisory Council:

<u>City of Seattle</u>	<u>King County</u>	<u>United Way of King County</u>
Pat Carroll	Gabriel Cohen	Marc Avni
Thelma Coney	Steve Colwell	Martha Becker
Cleo Corcoran	Lee A. Gaylor	Timmie Faghin
Randy Hayhurst	Juanita Grant	Suzanne Gehring
Greg Stack	Mae Shields	Will Parry
Peter Steinbrueck*	Helen M. Spencer	Karen Sluiter
		Suzanne Wiley
		Fred Yee

\* - Elected official

<i>Total Age 60 Years of Age or Over:</i>	12
<i>Total People of Color:</i>	3
<i>Total Self-Indicating a Disability:</i>	1

## Appendix D

For the period of January 1, 2002 through December 31, 2003, Aging and Disability Services accepts the responsibility to administer this Area Plan in accordance with all requirements of the Older Americans Act (OAA) and related state policy. Through the Area Plan, Aging and Disability Services shall promote the development of a comprehensive and coordinated system of services to meet the needs of older and disabled individuals and serve as the advocacy and focal point for older people in the planning and service area. Aging and Disability Services assures that it will:

1. Comply with all applicable state and federal laws, regulations, policies and contract requirements relating to activities carried out under the Area Plan.
2. Conduct outreach and provide services in a comprehensive and coordinated system and establish objectives with emphasis on: a) older individuals who have the greatest social and economic need, with particular attention to low income minority individuals and older individuals residing in rural areas; b) older individuals with severe disabilities; c) older individuals with limited English-speaking ability; and d) older individuals who are Indians who reside in rural areas.

All agreements with providers of OAA services shall require the provider to specify how it intends to satisfy the needs of low-income minority individuals and meet specific objectives established by Aging and Disability Services for providing services to low income minority individuals and older individuals residing in rural areas within the Planning and Service Area.

3. Aging and Disability Services will ensure that each activity undertaken by the agency, including planning, advocacy, and systems development, will include a focus on the needs of low-income minority older individuals and older individuals residing in rural areas.
4. Provide assurances that Aging and Disability Services will coordinate planning, identification, assessment of needs, and provision of services for older individuals with disabilities, with particular attention to individuals with severe disabilities, with agencies that develop or provide services for individuals with disabilities.



## AREA PLAN BUDGET

### 2002 ESTIMATED REVENUE

#### FEDERAL FUNDS

Older Americans Act (OAA)	
-Title III-B, C, D, E, Elder Abuse	\$4,696,795
-Title V (Employment)	\$281,346
<b>Total OAA</b>	<b>\$4,978,141</b>

#### Medicaid (Title XIX)

Title XIX (day Health Admin.)	\$13,800
Personal Care, COPEs, Case Mgmt. & Nurse Services	\$27,620,072
Title XIX Admin. Claiming	\$462,568
<b>Total Medicaid</b>	<b>\$28,096,440</b>

#### Other Federal Resources

USDA	\$415,250
Senior Farmers Market Nutrition Pilot Program	\$51,300
Office Refugee Resettlement	\$100,000
Center for Disease Control	\$21,580
<b>Total Other Federal</b>	<b>\$588,130</b>

**TOTAL FEDERAL FUNDS**      **\$33,662,711**

#### STATE FUNDS

Sr. Citizens Services Act	\$2,389,855
State Respite Care	\$763,492
State Caregivers' Support	\$172,133
State Rainbow Train	\$10,000
Office of Attorney General	\$20,071
Chore	\$140,239
<b>TOTAL STATE FUNDS</b>	<b>\$3,495,790</b>

#### LOCAL FUNDS

City of Bellevue	\$12,000
City of Kirkland	\$3,500
King County Current Expense	\$34,286
<b>Total Other City/County Funds</b>	<b>\$49,786</b>

#### City of Seattle

General/Human Services Program	\$2,100,562
Community Development Block Grant	\$382,433
Combined Utilities	\$400,487
<b>Total City of Seattle Funds</b>	<b>\$2,883,482</b>

#### Other Local

Contribution, fees, donations	\$947,555
Seattle Housing Authority	\$354,602
<b>Total Other Local Funds</b>	<b>\$1,302,157</b>

**TOTAL LOCAL FUNDS**      **\$4,235,425**

**GRAND TOTAL      \$41,393,926**

- Note:** (1) **Non-Discretionary** funding is earmarked for specific services such as Medicaid Title XIX, United States Department of Agriculture, and Respite Care.
- (2) **Discretionary** funding is flexible funding in nature and can be directed to meet priority needs in King County (OAA III-B, Senior Citizens Services Act, Human Services Program, and Community Development Block Grant.)



## Aging & Disability Services 2002 Allocations

**Note:** The projected units of service reflect services planned for the year with the available funds; demand for service is generally higher than the numbers shown.

Service Area	Allocation 2001	Proposed 2002	
<b>Adult Day Services</b>			
Discretionary	267,224	267,224	
Non-Discr. Funding	86,393	86,393	
Total Div. Funding	353,617	353,617	
Units of Service: Client Days	8,500	8,500	
Clients Served	100	100	
<b>Agency Chore Personal Care</b>			
Discretionary \$		0	The decrease in 2002 is due to a freeze in access to the Chore Program, except for the addition of Adult Protective Services clients, effective August 1, 2001.
Non-Discr. Funding	400,134	385,000	
Total Div. Funding	400,134	385,000	
Units of Service: Hours of home care	39,126	28,947	
Clients Served	247	200	
<b>Agency COPES &amp; Medicaid Personal Care</b>			
Discretionary \$		0	The increase in 2002 is due to vendor rate increase and anticipated caseload growth and increase in service hours.
Non-Discr. Funding	15,450,017	19,000,000	
Total Div. Funding	15,450,017	19,000,000	
Units of Service: Homecare Hours			
Units of Services	1,103,266	1,428,571	
Clients Served Per Month	3,364	3,532	
<b>Alzheimer &amp; Dementia Support Center</b>			
Discretionary \$	36,593	36,593	
Non-Discr. Funding		0	
Total Div. Funding	36,593	36,593	
Clients Served	62	62	

## Aging & Disability Services 2002 Allocations

Service Area	Allocation 2001	Proposed 2002	
<b>Amy Wong Client Fund (formerly called Client Specific Funding Project)</b>			
Discretionary \$	312,613	312,613	The non-discretionary funds in 2002 is an anticipated amount to be raised through donations for services to adults with disabilities who are under 60.
Non-Discr. Funding	0	10,000	
Total Div. Funding	312,613	322,613	
Units of Service:			
Clients Served	380	380	
<b>Agency Homecare Workers' Health Plan Premiums</b>			
Discretionary \$		0	
Non-Discr. Funding	833,426	1,070,680	
Total Div. Funding	833,426	1,070,680	
Homecare workers Served	311	433	
<b>Case Management</b>			
Discretionary \$	1,142,186	1,153,237	The 2002 non-discretionary fund increase is due to vendor rate increase and increased state funding for case load growth in the Medicaid program.
Non-Discr. Funding	5,736,051	6,302,769	
Total Div. Funding	6,878,237	7,456,006	
Units of Service:			
Clients Served	6,258	7,300	
<b>Day Health Certification and Re-certification</b>			
Discretionary \$		0	
Non-Discr. Funding	8,800	11,800	
Total Div. Funding	8,800	11,800	
Units of Service:			
Day health programs served	13	13	

## Aging & Disability Services 2002 Allocations

Service Area	Allocation 2001	Proposed 2002	
<b>Depression Study (PEARLS project)</b>			
Discretionary \$		0	The grant is scheduled to end in September 2001.
Non-Discr. Funding	106,448	0	
Total Div. Funding	106,448	0	
Units of Service:			
Clients Served	102		
<b>Disability Access and Information &amp; Referral</b>			
Discretionary \$	123,171	148,133	Includes three new components: 1) information and referral, 2) FLASH (Fun, leisure, access, savings and health) card and an enhanced web site, both of which are specifically designed to increase access to services by adults with disabilities, and 3) a housing assistance program, which has been transferred into ADS from the Community Services Division of the Seattle Human Services Department.
Non-Discr. Funding	0	60,000	
Total Div. Funding	123,171	208,133	
Clients Served	200	1,300	
<b>Family Caregiver Support Svs</b>			
Discretionary \$	502,790	502,790	Funding in this area comes from Title IIIIE of the Older Americans Act and state General Fund. While Title IIIIE funds are listed as discretionary, they are earmarked for support to unpaid caregivers and kinship care.
Non-Discr. Funding	162,543	162,543	
Total Div. Funding	665,333	665,333	
Clients served	4,820	4,820	
<b>Health Maintenance/ Health Professional</b>			
Discretionary \$	57,038	57,038	
Non-Discr. Funding		0	
Total Div. Funding	57,038	57,038	
Units of Service: Aide Hours	2,170	2,093	
Units of Service: Nurse Visits	5	5	
Clients Served	12	12	

## Aging & Disability Services 2002 Allocations

Service Area	Allocation 2001	Proposed 2002	
<b>Health Pro./ Disease Prev. Projects</b>			
Discretionary \$	128,242	102,134	The Older Americans Act, as re-authorized, requires that a portion of Health Promotion and Disease Prevention funds be devoted to medication management and be separately identified. Therefore, an amount of \$26,108 has been taken out of the HP/DP service area and put into the Medication Management service below.
Non-Discr. Funding		0	
Total Div. Funding	128,242	102,134	
Clients Served	600	600	
<b>Health Pro./ Disease Prev. Projects for Medication Management</b>			
Discretionary \$		26,108	See comments above.
Non-Discr. Funding		0	
Total Div. Funding	0	26,108	
Clients Served		500	
<b>Homesharing</b>			
Discretionary \$	68,013	68,113	
Non-Discr. Funding		0	
Total Div. Funding	68,013	68,113	
Units of Service: Matches	42	42	
Clients Served	1,200	1,200	
<b>Information &amp; Assist. - Primary</b>			
Discretionary \$	517,408	517,408	
Non-Discr. Funding	85,000	85,000	
Total Div. Funding	602,408	602,408	
Units of Service: Assistance Cases	6,325	6,325	
Clients Served	5,730	5,730	

## Aging & Disability Services 2002 Allocations

Service Area	Allocation 2001	Proposed 2002
<b>Information &amp; Assist.-Special</b>		
Discretionary \$	682,483	682,483
Non-Discr. Funding	159,960	159,960
Total Div. Funding	842,443	842,443
Units of Service: Client Month	12,225	12,225
Clients Served	2,830	2,830
<b>Intergenerational</b>		
Discretionary \$	275,242	275,242
Non-Discr. Funding	0	0
Total Div. Funding	275,242	275,242
Clients Served	150	180
<b>Legal Services</b>		
Discretionary \$	182,389	182,389
Non-Discr. Funding	0	0
Total Div. Funding	182,389	182,389
Units of Service: Hours of consultation	1,770	1,770
<b>LTCOP/ Elder Abuse Prev.</b>		
Discretionary \$	55,079	55,079
Non-Discr. Funding	0	0
Total Div. Funding	55,079	55,079
Complaints/resolutions	1,300	1,100
Gatekeeper training	37	37

## Aging & Disability Services 2002 Allocations

Service Area	Allocation 2001	Proposed 2002
<b>Mental Health</b>		
Discretionary \$	88,972	88,972
Non-Discr. Funding		0
Total Div. Funding	88,972	88,972
Hours of consultation service	251	251
Clients Served	78	78
<b>Nursing Services</b>		
Discretionary \$	0	0
Non-Discr. Funding	764,710	768,610
Total Div. Funding	764,710	768,610
Units of Service: Hours of service	16,910	16,910
<b>Nutrition - Congregate</b>		
Discretionary \$	1,476,077	1,475,577
Non-Discr. Funding	678,848	678,848
Total Div. Funding	2,154,925	2,154,425
Units of Service: Meals	350,830	357,530
Clients Served	11,841	12,026
<b>Nutrition-Home Delivered</b>		
Discretionary \$	610,863	610,863
Non-Discr. Funding	652,278	652,278
Total Div. Funding	1,263,141	1,263,141
Units of Service: Meals	413,100	413,100
Clients Served	3,331	3,331

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**Aging & Disability Services  
2002 Allocations**

<b>Service Area</b>	<b>Allocation 2001</b>	<b>Proposed 2002</b>
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**Nutrition-Outreach and Education**

Discretionary \$	36,381	35,881
Non-Discr. Funding		0
Total Div. Funding	36,381	35,881
Clients Served	300	300

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**Outreach Advocacy**

Discretionary \$	223,375	223,375
Non-Discr. Funding	164,457	164,457
Total Div. Funding	387,832	387,832
Units of Service: Client Service Month		
Clients Served	650	650

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**Refugee Assistance and Service**

Discretionary \$	0	0
Non-Discr. Funding	85,000	125,000
Total Div. Funding	85,000	125,000
# of refugee service agencies assisted:	4	N/A
# of languages for translated material	9	N/A
Clients Served	N/A	120

A grant from the Office of Refugee Resettlement will be completed in September 2001. A new ORR grant is anticipated for serving former Soviet Union, East African, and Lao/Hmong refugees, beginning in 2002, in health promotion services.

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**Respite Care**

Discretionary \$	0	0
Non-Discr. Funding	720,500	711,123
Total Div. Funding	720,500	711,123
Units of Service: hours of respite	42,000	42,000
Clients Served	400	450

**Aging & Disability Services  
2002 Allocations**

<b>Service Area</b>	<b>Allocation 2001</b>	<b>Proposed 2002</b>
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**Senior Centers**

Discretionary \$	120,710	120,710
Non-Discr. Funding		0
Total Div. Funding	120,710	120,710
Units of Service: # of centers	5	5
Clients Served	3,700	3,700

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**Senior Community Service Employment Program--Title V**

Discretionary \$	0	0
Non-Discr. Funding	296,962	282,309
Total Div. Funding	296,962	282,309
Title V slots	32	28

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**Senior Employment-Others**

Discretionary \$		0
Non-Discr. Funding	0	72,721
Total Div. Funding	0	72,721
Job placement		270

The Employment Resource Center for 55+ at the Mayor's Office for Senior Citizens will be listed separately beginning in 2002.

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**Seniors in Services**

Discretionary \$	0	0
Non-Discr. Funding	50,000	50,000
Total Div. Funding	50,000	50,000
Volunteer hours	5,000	6,000
# of volunteers	250	300

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## **Aging & Disability Services 2002 Allocations**

Service Area	Allocation 2001	Proposed 2002
<b>Training Homecare workers</b>		
Discretionary \$	0	0
Non-Discr. Funding	310,245	404,380
Total Div. Funding	310,245	404,380
Units of Service:		
Workers trained	3,033	4,035
<b>Training-Rainbow Train</b>		
Discretionary \$	0	0
Non-Discr. Funding	70,000	70,000
Total Div. Funding	70,000	70,000
Units of Service:		
Training sessions held	8	8
<b>Transportation-Nutrition</b>		
Discretionary \$	206,184	206,184
Non-Discr. Funding		0
Total Div. Funding	206,184	206,184
Units of Service: One-way Trip	25,849	25,849
Clients Served	957	957
<b>Transportation-Volunteer</b>		
Discretionary \$	189,574	189,574
Non-Discr. Funding	69,098	42,207
Total Div. Funding	258,672	231,781
Units of Service: One-way trip	27,334	27,334
Clients Served	1,899	1,899

## Aging & Disability Services

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## 2002 Allocations

Service Area	Allocation 2001	Proposed 2002	
<b>Technology Support</b>			
Discretionary \$	45,623	45,623	
Non-Discr. Funding	5,000	5,000	
Total Div. Funding	50,623	50,623	
ADS Programs Served:	22	22	
<b>Utility Discount Programs</b>			
Discretionary \$	0	0	
Non-Discr. Funding	491,872	535,556	
Total Div. Funding	491,872	535,556	This service has received additional funding to provide relief to low income elders and adults with disabilities in coping with the current utility rate hikes.
Units of Service:			
New enrollment	2,400	1,800	
<b>Coordination</b>			
Discretionary \$	350,000	400,000	
Non-Discr. Funding		0	
Total Div. Funding	350,000	400,000	The increase in Coordination provides increased staff capacity needed to handle the increased grant funds including the Family Caregivers Support Program.
<b>In Home Service Contract Mangement</b>			
Discretionary \$		0	
Non-Discr. Funding	437,679	403,603	
Total Div. Funding	437,679	403,603	

## Aging & Disability Services 2002 Allocations

Service Area	Allocation 2001	Proposed 2002
<b>Administration</b>		
Discretionary \$	867,939	943,255
Non-Discr. Funding	394,604	310,922
Total Div. Funding	1,262,543	1,254,177
<b>Unobligated</b>		
Discretionary \$	54,534	81,169
Non-Discr. Funding		0
Total Div. Funding	54,534	81,169
Total Discretionary	8,620,703	8,807,767.06
Total Non - Discretionary	28,220,025	32,586,159
<b>Grand Total</b>	<b>36,840,728</b>	<b>41,393,926</b>

**Note:** The supplemental allocation process in 2001 provided an inflationary adjustment for all services which has been incorporated into the agencies' base funding for 2001 and 2002.

## Appendix F

### 2001 INCOME GUIDELINES Gross Annual Income By Family Size

	FAMILY SIZE							
	1	2	3	4	5	6	7	8
<b><u>Very Low</u></b>								
- 100% Federal Poverty	8,590	11,610	14,630	17,650	20,670	23,690	26,710	29,730
- 120% Federal Poverty	10,308	13,932	17,556	21,180	24,804	28,428	32,052	35,676
<b><u>Low</u></b>								
- 50% HUD MSA	25,250	28,900	32,500	36,100	39,000	41,900	44,750	47,650
<b><u>Moderate</u></b>								
- 80% HUD MSA	36,750	42,000	47,250	52,500	56,700	60,900	65,100	69,300

## Appendix G

### Public Comment Summary 2002-03 Area Plan Update

The public comment period for the 2002-03 Area Plan Update was August 27<sup>th</sup> through September 19<sup>th</sup>. Interested parties were asked to respond with any comments or questions through regular mail, email, or through an Internet survey tool Zoomerang. In addition, a public hearing was held at on September 19<sup>th</sup>, at the Des Moines Senior Center. Approximately 20 people attended, and 15 percent were over 60 years of age. All comments are summarized below:

**ADS staff** noted that the current Area Plan does not reflect the Rainbow Train initiative. Therefore we recommend that the Rainbow Train be recognized as a service area and added to Section B-2 Services Provided through the AAA.

**Des Moines Senior Center** was very supportive of the **Healthy Aging** objectives, including Senior Wellness. ADS was encouraged to take into account the South County providers should the program be expanded. **Transportation**: ADS was encouraged to keep Metro accountable regarding programs and outcomes. An issue specifically highlighted was the need for bi-lingual applications. **Technology**: ADS should be mindful of senior centers in rural areas with technology needs. Support was also mentioned regarding the **Intergenerational** objectives involving seniors and teenagers. **Nutrition** programs were specifically addressed, and it was noted that food banks fail to refer to clients to meal sites at senior centers. Supportive comments were made about the **Homesharing** Program. Funding for the program is being reduced for the Des Moines area, however, the program is really needed throughout South King County. Finally, supportive comments were made regarding program development for **Caregivers** in King County.

**Hopelink** provided comments pertaining to transportation. Specifically their letter provided information about their program, and encouraged collaboration for Medicaid funding. Transportation objectives have been modified for the update, and include plans to increase coordination and planning with Metro and Medicaid transportation providers.

**Sea Mar** expressed appreciation for health promotion support for Senior Centers in north and east King County.

**Senior Services of Seattle/King County** was also very supportive of the Area Plan, and commended ADS regarding the Caregivers Initiative. Senior Services expressed appreciation for the funding from the Older Americans Act to provide caregiver support and kinship care. Senior Services urged ADS to continue to work with the State on the Respite Care Program policy revisions.

**Zoomerang Internet Survey Results** indicated that three individuals responded to the survey. Overall the comments were general and supportive of the proposed update.

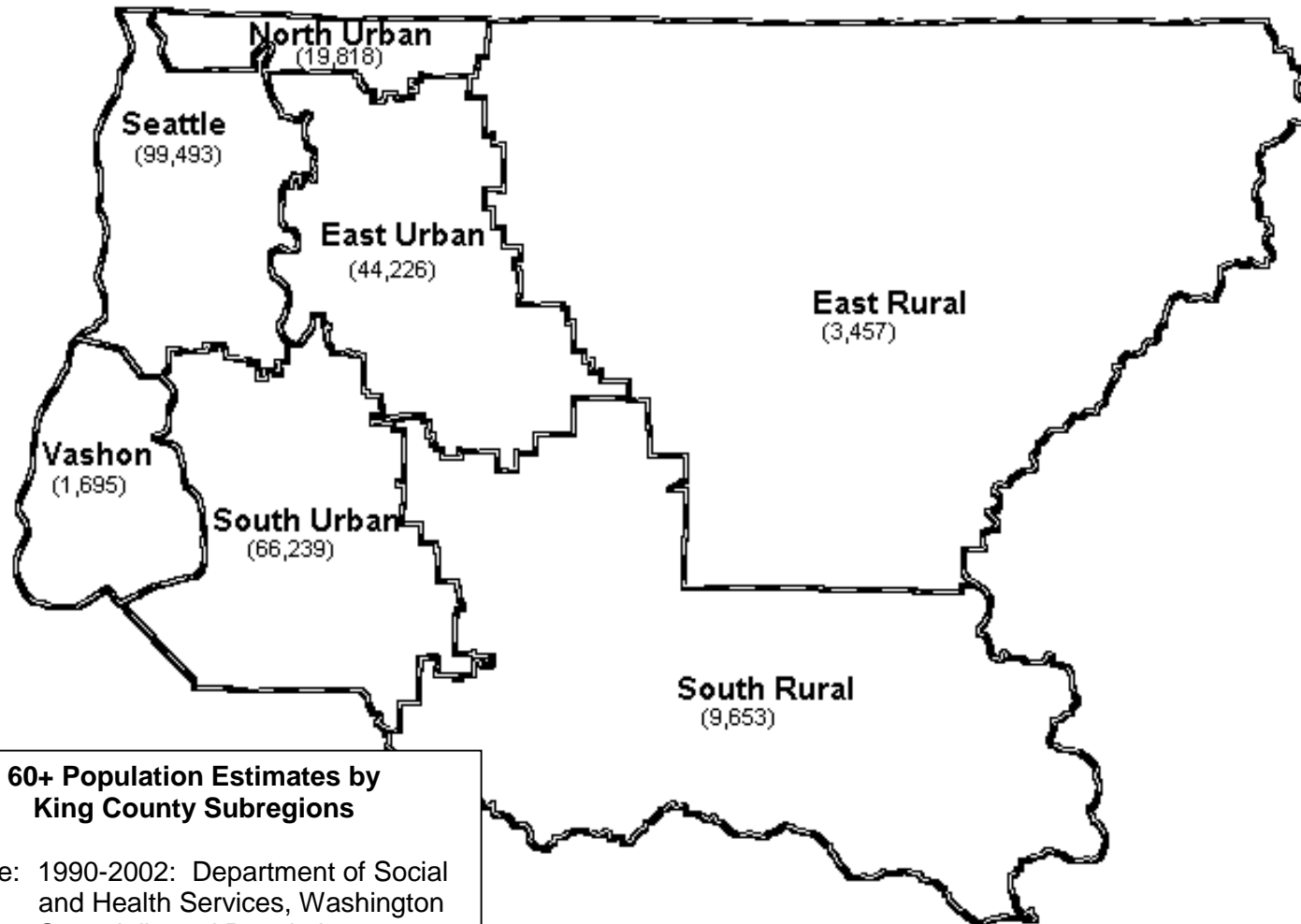
Other organizations represented included the following:

Aging and Disability Services Advisory Council  
Chinese Information and Service Center  
City of Burien  
King County Housing and Community Services Department

Seattle Mental Health  
Seattle Housing Authority  
United Way of King County



## Appendix H



### 60+ Population Estimates by King County Subregions

Source: 1990-2002: Department of Social  
and Health Services, Washington  
State Adjusted Population  
Estimates, April 1999.

## **Appendix I**

### **GUIDELINES FROM SPONSORS TO PLANNING & ALLOCATION COMMITTEE FOR 2001-02 DISCRETIONARY ALLOCATIONS PROCESS**

**In developing recommendations for funding, the Planning and Allocations Committee will:**

- ◆ Give consideration to service areas currently funded by Aging and Disability Services (ADS) discretionary funds, by being alert to new and/or emerging needs.
- ◆ Make distinctions between those services considered the primary responsibility of the ADS to fund, versus those that are primarily funded through other federal, State or County sources.
- ◆ Coordinate with other funding sources in addressing community needs.
- ◆ Take into account service area performance in meeting targeting standards, service delivery objectives, and geographic distribution.
- ◆ Maintain programs and funding for targeting to special populations (i.e. disabled, low-income, people of color, and rural isolation) as a priority.
- ◆ Include a recommendation for a contingency fund.
- ◆ Develop an unfunded priority list as part of the Committee's recommendations.
- ◆ Include a minimum of 11% of total Title III-B funding for the provision of legal services to the elderly.
- ◆ Follow the policy initiated in 1995 for phasing out discretionary funding to support the in-home health care service area.

## Appendix J

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- <sup>1</sup> Friedland, Robert B., Summer, Laura. National Academy on an Aging Society, *Demography Is Not Destiny*, January 1999.
- <sup>2</sup> Seattle-King County Department of Public Health, *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, January 1995.
- <sup>3</sup> *Demography Is Not Destiny*, 1999.
- <sup>4</sup> *Demography Is Not Destiny*, 1999.
- <sup>5</sup> Manton, K., Corder, L., & Stallard, E., *Chronic Disability Trends in Elderly in the United States*. The National Academy of Sciences of the USA, 94, 1997, 2593-2598.
- <sup>6</sup> Freedman, Vicki A. & Martin, Linda, G. Understanding Trends in Functional Limitations Among Older Americans, *American Journal of Public Health*, Vol. 8, No. 10, October 1998, pp. 1457-1462.
- <sup>7</sup> Dejong, G. Independent Living: From Social Movement to Analytic Paradigm, *Archives of Physical Medicine and Rehabilitation*, 1987.
- <sup>8</sup> *Healthy People 2010 Objectives: Draft for Public Comment*, U.S. Department of Health and Human Services, Office of Public Health and Science, 1988.
- <sup>9</sup> 1990 U.S. Census.
- <sup>10</sup> Dejong, G. Batavia, A.I., and Griss, R. America's Neglected Health Minority: Working-age Persons with Disabilities. *The Milbank Quarterly*, 1989.
- <sup>11</sup> *Quality Assurance of In-Home Care Services*, State of Washington Joint Legislative Audit and Review Committee, 1999.
- <sup>12</sup> *Independence for Older Americans: An Investment for Our Nation's Future*, Alliance for Aging Research, June 10, 1999.
- <sup>13</sup> *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, Public Health: Seattle and King County, January 1995.
- <sup>14</sup> *National Institutes of Health. Osteoporosis and Related Bone Diseases National Resource Center*, Washington, D.C.
- <sup>15</sup> *Healthy People 2010 Objectives: Draft for Public Comment*, U.S. Department of Health and Human Services, Office of Public Health and Science, 1998.
- <sup>16</sup> Friedland, Robert B., *Demography is Not Destiny*, 1999.
- <sup>17</sup> National Center for Health Statistics, *Health, United States*, 1998, Figure 34.
- <sup>18</sup> Harper, M. (Ed), *Minority Aging*, Health Resources and Services Administration, Department of Health and Human Services, Pub. No. P-DV-90-4). Washington, D.C.: U.S. Government Printing Office, 1990.
- <sup>19</sup> *Living Longer Staying Healthy: The Health Status of Older Adults in King County*, Public Health: Seattle and King County, January 1995.
- <sup>20</sup> Washington Impact Report. *Grandparents Raising Grandchildren: Implications for Professionals and Agencies*, February 23, 1999.
- <sup>21</sup> Ladd & Associates, *Opportunities for Increasing the Effectiveness of Washington's Publicly-funded Long-term care System*, Washington Office of Financial Management and The Washington State Senate, December 1998.
- <sup>22</sup> *Seniors and Persons with Disabilities*, Housing Task Force Report, 1998.
- <sup>23</sup> Office of Financial Management, Forecasting Division, *Washington State County Population Projections by Age and Sex: 1990-2020*, 1995